

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90069 045 \*\*\*\*61.25

**DOCUMENT # 732947**

1. Entity Name

**WELAKA AREA VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

**PALMETTO STREET  
P O BOX 179  
WELAKA FL 32193**

Mailing Address

**PALMETTO STREET  
P O BOX 179  
WELAKA FL 32193**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2948886**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, ROBERT  
HCI 423L  
311 S 2ND ST  
SATSUMA FL 32189**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **LEE, ROBERT**  
STREET ADDRESS **HCI 423L**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **P** ☒ Change ☐ Addition  
NAME **Lee, Robert**  
STREET ADDRESS **311 South 2nd St**  
CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **V** ☐ Delete  
NAME **HAIRE, MIKE**  
STREET ADDRESS **310 S. BROAD ST., P.O. BOX 888**  
CITY-ST-ZIP **WELAKA FL 32193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **JOHNSON, NEIL**  
STREET ADDRESS **POB 1315, 106 FLORIDIAN CLUB LN.**  
CITY-ST-ZIP **WELAKA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SANDS, GORDON**  
STREET ADDRESS **POB 415, 1 MILL STREET**  
CITY-ST-ZIP **WELAKA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BENZENHAFFER, H. G.**  
STREET ADDRESS **STAR RT 1 BOX 272**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **D** ☐ Change ☒ Addition  
NAME **Alice Fox**  
STREET ADDRESS **P.O. Box 445, 1008 4th Ave**  
CITY-ST-ZIP **welaka, FL 32193**

TITLE **DS** ☒ Delete  
NAME **GIPSON, SUSAN**  
STREET ADDRESS **STAR RT 1 BOX 398**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Natasha Back**  
STREET ADDRESS **794 County Rd 308B**  
CITY-ST-ZIP **Pomona Park, FL 32181**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Lee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-13-01**

Date

**904-649-0667**

Daytime Phone #

CR2E037 (10/00)