

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734088

1. Entity Name

CONNELL HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

ENT. INC.
800 N. ROCKCRUSHER RD.
CRYSTAL RIVER FL 32629

Mailing Address

% CONNELL HEIGHTS VFD. INC.
P.O. BOX 845
CRYSTAL RIVER FL 34429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0000607

Applied For

Not Applicable

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

REDD, CLARENCE
398 N. TURKEY PINE LOOP
LECANTO FL 34461

Name Lawrence Griffiths

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

2752 W. Sunrise Street

City Lecanto

FL

Zip Code 34461

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

Lawrence Griffiths

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/21/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	VD	<input type="checkbox"/> Delete
NAME	BURKHART, SCOTT	
STREET ADDRESS	759 S. CURRY POINT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHROMISTER, DAVID	
STREET ADDRESS	6180 W GLEN ROBIN CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REDD, CLARENCE	
STREET ADDRESS	398 N. TURKEY PINE LOOP	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REGALO, KEITH	
STREET ADDRESS	2142 N. LADONIA TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSLEY, THOMAS	
STREET ADDRESS	2843 W. ESCAMBIA LANE	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, CARL	
STREET ADDRESS	1065 N PALM SPRINGS TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bosley, Thomas	
STREET ADDRESS	2843 W. Escambia Lane	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Gordon	
STREET ADDRESS	800 N. Rock Crusher Road	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence Griffiths	
STREET ADDRESS	2752 W. Sunrise Street	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henninger, Chris	
STREET ADDRESS	492 N Willowwood Pt.	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY KNACK	
STREET ADDRESS	5919 W. Potomac Lane	
CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Cleveland	
STREET ADDRESS	800 N. Rock Crusher Rd.	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rigalo, Alisha	
STREET ADDRESS	2142 N. Ladonia Terrace	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	

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:

Lawrence Griffiths
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/00 352-527-2049

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90002 030 ****61.25



DO NOT WRITE IN THIS SPACE