2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734088

1. Entity Name

CONNELL HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.



FILED
Apr 15, 2003 8:00 am §
Secretary of State
04-15-2003 90103 022 ****61.25

Principal Plac	ce of Business	Mailing Address						
ENT. INC.		% CONNELL HEIGHTS VFD. INC.			70041729			
800 N. ROCKCRUSHER RD. CRYSTAL RIVER FL 34429		P.O. BOX 845						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 03-0000607		 +-	Applied For
Zip	Country	Zip	Country					Not Applicable
	Country	Ζίρ	Country	.1	5. Certificate of Sta	atus Desired] \$8.75 A	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regist	ered Agent	
	والقراب المحاربة والمحارية والمحاربة	grander of the second	Name	.ـوا پي	ومسيوات نيان والرواور			
	IS, LAWRENCE	• • • • • • • • • • • • • • • • • • • •	Street Address (P.O. Box Number is Not Acceptable)					
2752 W SUNRISE ST							<u> </u>	
LECANTO) FL 34461							
			City		•		FL Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or r	registere	ed agent, or both, in t	the State of Florida		and accept
	tions of registered agent.		ogiotorea omog er i	109101010	a again, or both, iii	and diate of Florida.	/	i, and doopt
		_ \$\mu \lambda \mu				11/1	/07	
SIGNATURE .	Launen	Very hites				917	105	
0.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: 1	Registered Agent signatur	re required v	when reinstating)		DATE	
	FILE NOW: FEE IS \$61.25	9. Election Camp	9. Election Campaign Financing		\$5.00 May Be Make Check Payable to			e to
	PH.E INLINE PEE 43 MULES				mpron May de l			
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£ 1					Added to Fees	Florida De		State
10.	OFFICERS AND DIR	ECTORS	11.	A		Florida De	ID DIRECTORS I	State N 10
10.	OFFICERS AND DIR		11.	A	Added to Fees DDITIONS/CHANGE	Florida De	ID DIRECTORS I	State N 10
10. TITLE	OFFICERS AND DIR VD BOSLEY, THOMAS	ECTORS	11.	A	Added to Fees DDITIONS/CHANGE	Florida De	ID DIRECTORS I	State N 10
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR VD BOSLEY, THOMAS 2843 W ESCAMBIA LANE	ECTORS	11. TITLE NAME STREET ADDRESS	D KIET	Added to Fees DDITIONS/CHANGE RIGARIO N. LA D	Florida De S TO OFFICERS AN OWIA TET FA	ID DIRECTORS I	State N 10
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR VD BOSLEY, THOMAS 2843 W ESCAMBIA LANE LECANTO FL 34461	ECTORS Delete	11.	D KIET	Added to Fees DDITIONS/CHANGE	Florida De S TO OFFICERS AN OWIA TET FA	ID DIRECTORS I Change	N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR VD BOSLEY, THOMAS 2843 W ESCAMBIA LANE LECANTO FL 34461 PD	ECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KIET	Added to Fees DDITIONS/CHANGE RIGARIO N. LA D	Florida De S TO OFFICERS AN OWIA TET FA	ID DIRECTORS I	State N 10
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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: JAMAT

352.484-7798