

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

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90103 022 \*\*\*\*61.25

**DOCUMENT # 734088**

1. Entity Name

**CONNELL HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

ENT. INC.  
800 N. ROCKCRUSHER RD.  
CRYSTAL RIVER FL 34429

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

**GRIFFITHS, LAWRENCE**  
**2752 W SUNRISE ST**  
**LECANTO FL 34461**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laurence Griffiths*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | VD                      | <input type="checkbox"/> Delete            |
| NAME           | BOSLEY, THOMAS          |  |
| STREET ADDRESS | 2843 W ESCAMBIA LANE    |  |
| CITY-ST-ZIP    | LECANTO FL 34461        |  |
| TITLE          | PD                      | <input type="checkbox"/> Delete            |
| NAME           | GRIFFITHS, LAWRENCE     |  |
| STREET ADDRESS | 2752 W SUNRISE ST       |  |
| CITY-ST-ZIP    | LECANTO FL 34461        |  |
| TITLE          | D                       | <input type="checkbox"/> Delete            |
| NAME           | HENNINGER, CHRISTOPHER  |  |
| STREET ADDRESS | 800 N. ROCK CRUSHER RD  |  |
| CITY-ST-ZIP    | CRYSTAL RIVER FL 34429  |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | CLEVELAND, LEWIS        |  |
| STREET ADDRESS | 800 N ROCK CRUSHER ROAD |  |
| CITY-ST-ZIP    | CRYSTAL RIVER FL 34429  |  |
| TITLE          | TD                      | <input type="checkbox"/> Delete            |
| NAME           | RIGALO, ALISHA          |  |
| STREET ADDRESS | 2142 N LA DONIA TERRACE |  |
| CITY-ST-ZIP    | CRYSTAL RIVER FL 34428  |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Kreth Rigalo             |  |
| STREET ADDRESS | 2142 N. La Donia Terrace |  |
| CITY-ST-ZIP    | Crystal River, FL 34429  |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Sterling Harris          |  |
| STREET ADDRESS | 800 N. Rockcrusher Rd.   |  |
| CITY-ST-ZIP    | Crystal River, FL 34429  |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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: *Laurence Griffiths*

**4/7/03**

**352-464-7798**

CR2E037 (10/02)