

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90376 043 \*\*\*\*61.25

**DOCUMENT # 734800**

1. Entity Name

**LOUGHMAN VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

**CAMPBELL ROAD, S-54  
P O BOX 513  
LOUGHMAN FL 33858  
US**

Mailing Address

**CAMPBELL ROAD, S-54  
P O BOX 513  
LOUGHMAN FL 33858  
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 **52-9600809**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNTER, BILLY  
BARTOW AIR BASE BLDG 410  
BARTOW FL**

Name

**DOUGLAS A. LEWIS**

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

**BARTOW AIR BASE BLDG 410**

**BARTOW FL**

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

**DOUGLAS A. LEWIS**

**1/10/23**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DTS** ☐ Delete  
NAME **BUTLER, JOSEPHINE**  
STREET ADDRESS **OLD LAKE WILSON RD.**  
CITY-ST-ZIP **LOUGHMAN FL**

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

TITLE **DVP** ☐ Delete  
NAME **LEPPERT, CHARLES**  
STREET ADDRESS **44 LONE PINE COURT**  
CITY-ST-ZIP **DAVENPORT FL 33837-9501**

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

TITLE **D** ☐ Delete  
NAME **CANDLEARIO, DONNA**  
STREET ADDRESS **6540 OLD LAKE WILSON RD**  
CITY-ST-ZIP **LOUGHMAN FL 33858**

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

TITLE **DP** ☐ Delete  
NAME **LYNN, ALEXANDER W**  
STREET ADDRESS **618 VILLAGE PLACE**  
CITY-ST-ZIP **DAVENPORT FL 33896**

TITLE **VP Matt Payne** ☐ Change ☐ Addition  
NAME **423 Pete LA**  
STREET ADDRESS **DAVENPORT FL 33837**  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **STATELER, DAN**  
STREET ADDRESS **308 CR 54**  
CITY-ST-ZIP **LOUGHMAN FL 33858**

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

TITLE **D** ☐ Delete  
NAME **BLUSCHKE, CHARLIE**  
STREET ADDRESS **15 OAK RIDGE RD**  
CITY-ST-ZIP **DAVENPORT FL 33837**

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

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:

**SIGNATURE** *[Signature]*

**28 Jan 03 863 420 8770**

CR2E037 (10/02)