

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90354 041 ****70.00

DOCUMENT # 741844

1. Entity Name

GRAY GABLE, NASSAU VILLAGE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

2909 LEM TURNER RD
PO BOX 831
CALLAHAN FL 32011

PO BOX 1038
CALLAHAN FL 32011
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

59-2060054

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

TAYLOR, ROBERT W. JR.
COUNTRY CLUB RD., LOT #9 NASSAU VILLAGE
CALLAHAN FL 32011

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 PD ☐ Delete
NAME RAWLS, JENNIFER
STREET ADDRESS 3271 SUNSHINE DR
CITY-ST-ZIP CALLAHAN FL 32011

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

TITLE T ☐ Delete
NAME COLTRANE, CATHY
STREET ADDRESS 4161 CHURCH RD
CITY-ST-ZIP CALLAHAN FL

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

TITLE S ☐ Delete
NAME DEBRA M HORTON
STREET ADDRESS 2720 SHEFFIELD RD
CITY-ST-ZIP CALLAHAN FL

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

TITLE VD ☐ Delete
NAME DEMICK, RICHARD
STREET ADDRESS 4455 CHURCH RD
CITY-ST-ZIP CALLAHAN FL

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

TITLE D ☐ Delete
NAME CONLEY, GARY
STREET ADDRESS 3393 ARMSTRONG ST
CITY-ST-ZIP CALLAHAN FL

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

TITLE CD ☐ Delete
NAME COLTRANE, REVIS
STREET ADDRESS 4161 CHURCH RD
CITY-ST-ZIP CALLAHAN FL

TITLE ☐ Change ☐ 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:

Signature of Cathy Coltrane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-02 904-879-1924

CR2E037 (9/01)

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