

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90122 047 *****70.00

DOCUMENT # 741844

1. Entity Name

GRAY GABLE, NASSAU VILLAGE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

**2909 LEM TURNER RD
PO BOX 831
CALLAHAN FL 32011**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAWLS, JENNIFER	
STREET ADDRESS	3271 SUNSHINE DR	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	COLTRANE, CATHY	
STREET ADDRESS	4161 CHURCH RD	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEBRA M HORTON	
STREET ADDRESS	2720 SHEFFIELD RD	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEMICK, RICHARD	
STREET ADDRESS	4455 CHURCH RD	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONLEY, GARY	
STREET ADDRESS	3393 ARMSTRONG ST	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COLTRANE, REVIS	
STREET ADDRESS	4161 CHURCH RD	
CITY-ST-ZIP	CALLAHAN FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Thomas	
STREET ADDRESS	3271 Sunshine Rd	
CITY-ST-ZIP	Callahan, FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coltrane Cathy	
STREET ADDRESS	3958 Jamie Dr	
CITY-ST-ZIP	Callahan, FL	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christi Wilds	
STREET ADDRESS	3278 Sunshine Rd	
CITY-ST-ZIP	Callahan, FL	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George James	
STREET ADDRESS	3842 Church Rd	
CITY-ST-ZIP	Callahan, FL	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren Banker	
STREET ADDRESS	3309 Sunshine Rd	
CITY-ST-ZIP	Callahan FL	

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: Cathy Coltrane

4-16-03 904-879-1924

CR2E037 (10/02)