

R)

DOCUMENT # 743234

1. Entity Name

HOLT FIRE DISTRICT, INC.

FILED

00 MAR -3 PM 3:42

Principal Place of Business

490 HIGHWAY 90 WEST
HOLT FL 32564
US

Mailing Address

PO Box 226
490 HIGHWAY 90 WEST
HOLT FL 32564-9425
USSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Holt, FL

Zip

Country

Zip

Country

32564

USA

4. FEI Number

59-2503399

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

AGRO, JOSEPH
490 HIGHWAY 90 WEST
HOLT FL 32564

Name

Robert V Erdman

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

1182 Country Living Rd

City

Baker

FL

Zip Code
32531

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

Robert V Erdman

Robert V Erdman

1-5-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CAWTHON, RAY	
STREET ADDRESS	515 SECOND AVE	
CITY-ST-ZIP	HOLT FL 32564	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVC	<input type="checkbox"/> Delete
NAME	ADAMS, BILLY	
STREET ADDRESS	P O BOX 177 COOPER LANE	
CITY-ST-ZIP	HOLT FL 32564	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Adams, Billy	
STREET ADDRESS	PO Box 177	
CITY-ST-ZIP	Holt FL 32564	

TITLE	D	<input type="checkbox"/> Delete
NAME	ERDMAN, ROBERT V	
STREET ADDRESS	1182 COUNTRY LIVING RD	
CITY-ST-ZIP	BAKER FL 32531	

TITLE	TRUSS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	ERDMAN, Robert V	
STREET ADDRESS	1182 Country Living Rd	
CITY-ST-ZIP	Baker FL	

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	AGRO, JOSEPH	
STREET ADDRESS	RT 1 BOX, 146 HWY 90 B	
CITY-ST-ZIP	HOLT FL 32564	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Jack Hobbs	
STREET ADDRESS	P.O. Box 566	
CITY-ST-ZIP	Holt FL 32564	

TITLE	STD	<input type="checkbox"/> Delete
NAME	ERDMAN, DONNA S	
STREET ADDRESS	1182 COUNTRY LIVING RD	
CITY-ST-ZIP	BAKER FL 32531	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	ERDMAN, Donna S	
STREET ADDRESS	1182 Country Living Rd	
CITY-ST-ZIP	Baker FL 32531	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #