

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90141 029 \*\*\*\*61.25

**DOCUMENT # 743234**

1. Entity Name

**HOLT FIRE DISTRICT, INC.**

Principal Place of Business

Mailing Address

480 HIGHWAY 90 WEST  
HOLT FL 32564  
US

P.O. BOX 226  
HOLT FL 32564

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

59-2503399

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

Name

**ANTHONY F. RAFALSKI, III**

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 of registered agent 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

TITLE  
NAME **CD CONNOR, ROXIE A** ☐ Delete  
STREET ADDRESS **5139 JOHN MELVIN DRIVE**  
CITY-ST-ZIP **HOLT FL 32564**

TITLE  
NAME **FOD RAFALSKI, ANTHONY** ☐ Delete  
STREET ADDRESS **4348 SUNDANCE WAY**  
CITY-ST-ZIP **HOLT FL 32564**

TITLE  
NAME **D DARR, CHARLIE** ☐ Delete  
STREET ADDRESS **480 ANNIE 20 ROAD**  
CITY-ST-ZIP **HOLT FL 32864**

TITLE  
NAME **B** ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **CONNOR, ROXIE A** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME **D Grimley, Martha** ☐ Change ☒ Addition  
STREET ADDRESS **P.O. Box 243**  
CITY-ST-ZIP **Holt, FL 32564**

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

TITLE  
NAME ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)