

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744479

1. Entity Name

SUN 'N LAKE OF SEBRING VOLUNTEER FIRE DEPARTMENT

Principal Place of Business

5306 SUN 'N LAKE BLVD.  
SEBRING FL 33872

Mailing Address

5306 SUN 'N LAKE BLVD.  
SEBRING FL 33872-2114

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

NOT APPLICABLE

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

GAVONI, DONALD  
5306 SUN-N-LAKE BLVD  
SEBRING FL 33870

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  
NAME BARIE, JOSEPH  
STREET ADDRESS 2525 KING DR  
CITY-ST-ZIP SEBRING FL

☒ Delete

TITLE VD  
NAME RAMIREZ, CARLOS  
STREET ADDRESS 4136 CAPRI ST  
CITY-ST-ZIP SEBRING FL

☐ Delete

TITLE TD  
NAME BERTKA, JAMES  
STREET ADDRESS 5306 SUN 'N LAKE BLVD  
CITY-ST-ZIP SEBRING FL

☐ Delete

TITLE SD  
NAME REYES, BEVERLY  
STREET ADDRESS 45 BASIN STREET  
CITY-ST-ZIP SEBRING FL

☐ Delete

TITLE D  
NAME GAVONI, DONALD  
STREET ADDRESS 3819 RAMIRO ST.  
CITY-ST-ZIP SEBRING FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE PD  
NAME HENDERSON SAM  
STREET ADDRESS 927 WALNUT ST  
CITY-ST-ZIP AVON PARK FL 33825

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Donald Gavoni* DONALD GAVONI 2/14/2000 863-382-2196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE