

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

DOCUMENT # 744552

1. Entity Name

ELECTRA VOLUNTEER FIRE DEPARTMENT, INC.

02-05-2000 90030 041 ****70.00

Principal Place of Business

Mailing Address

5420 SE 180TH AVENUE RD.
 OKLAWAHA FL 32179

5420 SE 180TH AVENUE RD.
 OKLAWAHA FL 32179-3247

80014560



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2635563

Applied For
 Not Applied For

Zip

Country

Zip

Country

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

WINSLOW, KENNETH
 16085 SE 49TH ST RD.
 OKLAWAHA FL 32179

Name

Allen Berkowitz

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

18349 SE 54th PL

City
 OKLAWAHA

FL

Zip Code
 32179

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

Allen Berkowitz

Allen Berkowitz

1-25-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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	S	<input checked="" type="checkbox"/> Delete
NAME	BAYNE, KIM	
STREET ADDRESS	17350 SE 65 ST.	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PAYETTE, DONNA	
STREET ADDRESS	PO BOX 1017	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEDDYCORD, JAMES	
STREET ADDRESS	7032 SE 170 AVE. RD.	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WINSLOW, KENNETH	
STREET ADDRESS	16085 SE 49TH ST. RD.	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BERKOWITZ, ALLEN	
STREET ADDRESS	18349 SE 54TH PL	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUTCHFIELD, JOHN	
STREET ADDRESS	P.O. BOX 1306	
CITY-ST-ZIP	OKLAWAHA FL 32179	

TITLE	Sect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra Daniel	
STREET ADDRESS	3650 SE 174 th Ct	
CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	Trust	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN BEHR	
STREET ADDRESS	5871 SE 171 Ct	
CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Skelly	
STREET ADDRESS	6670 SE 171 Ct	
CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen Berkowitz	
STREET ADDRESS	18349 SE 54 th PL	
CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	V.Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Peddycord	
STREET ADDRESS	7032 SE 170 AVE RD	
CITY-ST-ZIP	OKLAWAHA, FL 32179	
TITLE	Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Vinyard	
STREET ADDRESS	18375 SE 22 PL	
CITY-ST-ZIP	SILVER SPRINGS, FL 32668	

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:

Allen Berkowitz

1-25-00

(352) 625-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #