

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90083 030 \*\*\*\*61.25

**DOCUMENT # 744552**  
 1. Entity Name  
**ELECTRA VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business Mailing Address  
**5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179** **5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179**

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 **59-2635563** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BERKOWITZ, ALLEN**  
**18349 SE 54TH PL**  
**OCKLAWAHA FL 32179**

7. Name and Address of New Registered Agent  
 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 Allen Berkowitz Allen Berkowitz 3/10/01  
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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DANIEL, DEBRA</b>	
STREET ADDRESS	<b>3650 SE 174TH CT</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BEHR, DAN</b>	
STREET ADDRESS	<b>5871 SE 171 CT</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SKELLY, HELEN</b>	
STREET ADDRESS	<b>6670 SE 171 CT</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PEDDYCORD, JIM</b>	
STREET ADDRESS	<b>7032 SE 170 AVE RD</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BERKOWITZ, ALLEN</b>	
STREET ADDRESS	<b>18349 SE 54TH PL</b>	
CITY-ST-ZIP	<b>OCKLAWAHA FL 32179</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VINYARD, BILL</b>	
STREET ADDRESS	<b>18375 SE 22 PL</b>	
CITY-ST-ZIP	<b>SILVER SPRINGS FL 32688</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Payette, DONNA (D)</b>	
STREET ADDRESS	<b>3685 SE 174th ct.</b>	
CITY-ST-ZIP	<b>Ocklawaha, Fl. 32179</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Crutchfield, JOHN. (D)</b>	
STREET ADDRESS	<b>PO Box 237/17277 SE 66 LN.</b>	
CITY-ST-ZIP	<b>Ocklawaha, Fl. 32179</b>	

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 Allen Berkowitz 3/10/01 (352) 625-4554

CR2E037 (10/00)