

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90315 031 ****61.25

DOCUMENT # 749597

1. Entity Name

SUNDANCE VOLUNTEER FIRE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**602 LIGHTFOOT RD.
 WIMAUMA FL 33598**

**602 LIGHTFOOT RD.
 WIMAUMA FL 33598**

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

59-1983825

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

**FERRIS GARRETT
 602 LIGHTFOOT ROAD
 WIMAUMA FL 33598**

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 Delete
 NAME **DS FETHERSTON, ISABELLE**
 STREET ADDRESS **1205 BUTCH CASSIDY TRAIL**
 CITY-ST-ZIP **WIMAUMA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD GARRETT, FERRIS**
 STREET ADDRESS **1225 BUTCH CASSIDY TRAIL**
 CITY-ST-ZIP **WIMAUMA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DT LENT, ARTHUR**
 STREET ADDRESS **1001 SILVER SPRINGS CT**
 CITY-ST-ZIP **WIMAUMA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV LEONHARDT, KYLE**
 STREET ADDRESS **602 LIGHTFOOT ROAD**
 CITY-ST-ZIP **WIMAUMA FL 33598**

TITLE Change Addition
 NAME **DV DILORENZO, DENNIS**
 STREET ADDRESS **2911 TIMBERLEE ROAD**
 CITY-ST-ZIP **WIMAUMA, FL 33598**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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: FERRIS GARRETT DATE: 1/19/02 DAYTIME PHONE #: 813.276.0354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)