**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 01, 2001 8:00 am Secretary of State **DOCUMENT # 750285** 1. Entity Name 08-01-2001 90198 045 \*\*\*\*61.25 BRADEN RIVER VOLUNTEER FIRE DEPARTMENT & RESCUE Principal Place of Business Mailing Address 803 60TH STREET CT EAST 8800 S.R. 70 EAST **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 59-2752010 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent == 7. Name and Address of New Registered Agent MIKULSKI, BOB 11420 PARKSIDE PLACE **BRADENTON FL 34202** 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Change Addition MIKULSKI, BOB RANDI NAME HARTSFIELD NAME STREE+ DRESS 11420 PARKSIDE PLACE STREET ADDRESS ZZIZZ 26 AVE E CITY-ST-ZIP BRADENTON, EL 3421 **BRADENTON FL 34202** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition TONEY DERRICK RANCK, BETH NAME NAME STREET ADDRESS 11420 PARKSIDE PL 13706 3rd AVE TELL E STREET ADDRESS CITY-ST-ZIP. **BRADENTON FL: 34202** BRADENDU RL 34212 ·CITY-ST-ZIP-- + TITLE ☐ Delete TITLE Addition. ☐ Change DUNKUM, RICHARD B PICHARO DUNKUM NAME NAME 2901 MOCCASIN Wallow Rd 2901 MOCCOSIN WALLAU ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL CITY-ST-ZIP Palmeto, El TITLE Delete TITLE ☐ Change ☐ Addition HARTSFIELD, RANON TALASKA MATT NAME NAME 22123 26 AVE E 5301 72ST E STREET ADDRESS STREET ADDRESS 4200 CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ŽIP

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: KAMOHA CURE GANTAKULAS

AFRANN ( HARSGAD

7/20/01

941-751-5611