

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750998

1. Entity Name

PINETTA VOLUNTEER FIRE AND RESCUE, INC.

Principal Place of Business

P. O. BOX 269
PINETTA FL 32350
US

Mailing Address

P. O. BOX 269
PINETTA FL 32350
US

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

REEVES, GEORGE T
901 WEST BASE
MADISON FL 32340

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 THOMPSON, WESLEY
STREET ADDRESS P.O. BOX 148
CITY-ST-ZIP PINETTA FL 32350 ☒ Delete

TITLE PD
NAME CRISS, CODY
STREET ADDRESS RT 2 Box 2240-B
CITY-ST-ZIP MADISON, FL 32340 ☒ Change ☐ Addition

TITLE VP
NAME SEXTON, BILLY
STREET ADDRESS E. HWY 150 N/A
CITY-ST-ZIP PINETTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME CRISS
STREET ADDRESS CHRIS, MARY
CITY-ST-ZIP E STATE RD 150
PINETTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME SHADRICK, ALLEN
STREET ADDRESS STATE RD 145 N
CITY-ST-ZIP PINETTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE BOD
NAME KNIGHT, JOEY
STREET ADDRESS COODY RD
CITY-ST-ZIP PINETTA FL ☒ Delete

TITLE BOD
NAME VICKIE JOHNSON
STREET ADDRESS PO BOX 53
CITY-ST-ZIP PINETTA FL 32350 ☒ Change ☐ Addition

TITLE BOD
NAME WYNO, FRANCIS L
STREET ADDRESS RT 1 BOX 296
CITY-ST-ZIP PINETTA FL 32350 ☐ Delete

TITLE
NAME
STREET ADDRESS
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: *Mary Criss*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-01 (850) 929-4566
Date Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90009 042 ****61.25

751091



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)