

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752233

1. Entity Name

HOLLISTER VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

617 SR 20
PO BOX 314
HOLLISTER FL 32147-0314
US

Mailing Address

PO BOX 314
617 SR 20
HOLLISTER FL 32147-0314
US

2. Principal Place of Business

Same AS Above

3. Mailing Address

Same AS Above

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

HAWKINS, FRANCIS O JR.
620 HWY 20
HOLLISTER FL 32147

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 ☐ Delete
NAME HAWKINS, SHEILA
STREET ADDRESS HWY 20-620
CITY-ST-ZIP HOLLISTER FL 32147

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

TITLE VD ☐ Delete
NAME DAVENPORT, DONNA M
STREET ADDRESS 101 PEEPLES LANE
CITY-ST-ZIP PALATKA FL 32177

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

TITLE TD ☐ Delete
NAME MEYERS, MURIEL L
STREET ADDRESS 141 PALM TRAIL
CITY-ST-ZIP HOLLISTER FL 32147

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

TITLE S ☐ Delete
NAME DAVIS, HERMAN
STREET ADDRESS TRAVIS LANE-113
CITY-ST-ZIP HOLLISTER FL 32147

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

TITLE D ☐ Delete
NAME WISHAM, DAVID
STREET ADDRESS HOLLISTER CHURCH ROAD
CITY-ST-ZIP HOLLISTER FL

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

TITLE D ☐ Delete
NAME YOUNG, GWENDOLYN M
STREET ADDRESS PO BOX 573 200 WASHINGTON AV
CITY-ST-ZIP HOLLISTER FL 32147

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE