

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90235 049 ****61.25

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

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

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

7. Name and Address of New Registered Agent

Name **Robert Harold Davenport**
Street Address (P.O. Box Number is Not Acceptable)
**600 Hwy 20
PO Box 565**
City **Hollister** FL Zip Code **32147**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINS, SHEILA HWY 20-620 HOLLISTER FL 32147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVENPORT, DONNA M 101 PEEPLES LANE PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYERS, MURIEL L 141 PALM TRAIL HOLLISTER FL 32147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, HERMAN TRAVIS LANE-113 HOLLISTER FL 32147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISHAM, DAVID HOLLISTER CHURCH ROAD HOLLISTER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, GWENDOLYN M PO BOX 573 200 WASHINGTON AV HOLLISTER FL 32147	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donna Davenport 600 SR 20 Hollister FL 32147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gwen Young 200 Washington Ave Hollister FL 32147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Muriel Meyers 141 Palm Trail Hollister FL 32147	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sheryl Holt 117 Earl Ave Hollister FL 32147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruth Hoyt 848 Hunter Rd Hollister FL 32147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Holt 117 Earl Ave Hollister FL 32147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheryl C. Holt

01/31/2003 (386) 308-2631

CR2E037 (10/02)