

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90004 027 ****61.25

DOCUMENT # 755748

1. Entity Name

MYAKKA VALLEY VOLUNTEER FIRE FIGHTER ASSOCIATION

A0070795



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5240 MYAKKA VALLEY TRAIL
 SARASOTA FL 34241
 US**

**5240 MYAKKA VALLEY TR
 SARASOTA FL 34241-9752
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2055724

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FORTUNE, LESLIE
 5240 MYAKKA VALLEY TRAIL
 SARASOTA FL 34233**

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	TD	<input type="checkbox"/> Delete
NAME	FORTUNE, LESLIE	
STREET ADDRESS	5240 MYAKKA VALLEY TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BANNERMAN, DOLORES	
STREET ADDRESS	5261 VANDERIPE RD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SKEL, KENNETH	
STREET ADDRESS	5430 HOWARD CR. RD.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FERRY, GARY	
STREET ADDRESS	6683 OLD RANCH RD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBXS, MARK	
STREET ADDRESS	7839 SADDLE CREEK TRAIL	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Leslie Fortune
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

941-921-0018

Daytime Phone #

CR2E037 (9/99)