FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Feb 14, 2002 8:00 am **DOCUMENT # 755748 Secretary of State** 1. Entity Name 02-14-2002 90052 048 ****61.25 MYAKKA VALLEY VOLUNTEER FIRE FIGHTER ASSOCIATION .INC. Principal Place of Business Mailing Address 7232 MYAKKA VALLEY TR 5261 VANDERIPE RD SARASOTA FL 34241 SARASOTA FL 34241 US 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. FEI Number Applied For 59-2055724 Not Applicable Zip Country Žin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BANNERMAN, DOLORES **5261 VANDERIPE RD** SARASOTA FL 34241 City 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 Some Dameum €. 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Defete TITLE Change WIDE, DONALD NAME 5221 MYAKKA VALLEY TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE BANNERMAN, DOLORES NAME NAME **5261 VANDERIPE RD** STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP VP -TITLE Delete TITLE ☐ Change Addition FORTUNE, LESLIE NAME 5240 MYAKKA VALLEY TR STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FERRY, GARY NAME NAME 6683 OLD RANCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition PEEK, REGGIE NAME NAME **6374 SINGLETREE TR** STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

REGARDEDES BANGRAMON 1-29-02 941-924-2681

ME OF SIGNING OFFICER OR DIRECTOR

Date

Date