

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756412

1. Entity Name

PINE CASTLE FIRE DEPARTMENT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90148 042 ****61.25

0026497

Principal Place of Business

2710 S. ORANGE BLOSSOM TR.
ORLANDO FL 32805
US

Mailing Address

2710 S. ORANGE BLOSSOM TR.
ORLANDO FL 32805
US

1401 S. Orange Blossom Tr.

2. Principal Place of Business

3. Mailing Address

1401 S. Orange Blossom Tr.

Suite, Apt. #, etc.

Orlando, Florida

Suite, Apt. #, etc.

City & State

City & State

Orlando, Florida

Zip

32806

Country

US

Zip

32806

Country

US

4. FEI Number

59-0123456

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

MIMS, WILLIAM
108 EAST CENTRAL BOULEVARD
ORLANDO FL 32802

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KASPER, JAMES R., JR. 4421 RAYMAR DR ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, WALT 221 E. PRINCE ST. ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, DELMA 117 BONITA RD. DEBARRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KASPER, JAMES R. JR. 1401 BERWYN RD. ORLANDO, FLORIDA 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOWELL ST., WALTER 221 E. PRINCE ST. ORLANDO, FLA. 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON ANDERSON, DELMA 2955 RIVERS END RD. ORLANDO, FLA. 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

James R. Kasper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

407-228-6664

Daytime Phone #

CR2E037 (10/00)