

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0097435

DOCUMENT # 768961

1. Entity Name

CRYSTAL RIVER FIRE DEPARTMENT, INC.

03-07-2002 90031 036 ****61.25

Principal Place of Business

Mailing Address

123 NW HIGHWAY 19
 CRYSTAL RIVER FL 34428
 US

123 NW HIGHWAY 19
 CRYSTAL RIVER FL 34428
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2536303

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

DUMAS, BROWN JR.
291 SOUTH GARDENIA TERRACE
CRYSTAL RIVER FL 34423

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

CHARLES P. JR.
CHARLES P. JR.

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	P	<input type="checkbox"/> Delete
NAME	KOFMEHL, CHARLES P JR	
STREET ADDRESS	513 NW 2ND AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428-4022	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, BILL	
STREET ADDRESS	6380 N. DIAMOND TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	DUMAS, JACK	
STREET ADDRESS	419 NE CRYSTAL STREET	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CATES, TERRY	
STREET ADDRESS	9415 W WISCONSIN CT.	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DUMAS, BROWN	
STREET ADDRESS	291 S. GARDENIA TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PITTMAN, MICHAEL	
STREET ADDRESS	4222 N PINECASTLE TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

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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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:

CHARLES P. JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)