

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001527

1. Entity Name

THE DOG ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

537 GULFSHORE DR.
DOG ISLAND FL 32322

Mailing Address

P.O. BOX 5000
DOG ISLAND FL 32322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3635408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOATENREITER, BECKER
537 GULFSHORE DR.
DOG ISLAND FL 32322

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HANNON, MIKE	
STREET ADDRESS	147 OLD MAGNOLIA	
CITY-ST-ZIP	WOODVILLE FL 32362	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, E. E DR.	
STREET ADDRESS	10 CANNONBALL ACRES, HC 63, BOX 5047	
CITY-ST-ZIP	DOG ISLAND FL 32322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOATENREITER, BECKER	
STREET ADDRESS	694 GULFSHORE BLVD.	
CITY-ST-ZIP	DOG ISLAND FL 32322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VOSE, DICK	
STREET ADDRESS	914 GULFSHORE DRIVE, P.O. BOX 5049	
CITY-ST-ZIP	DOG ISLAND FL 32322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADDOX, DOUG	
STREET ADDRESS	3087 WATERFORD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACKERMAN, SUSIE	
STREET ADDRESS	100 GULFSTREAM DR., HC 63, BOX 5006	
CITY-ST-ZIP	DOG ISLAND FL 32322	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Hannon	
STREET ADDRESS	147 Old Magnolia	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vose, Dick	
STREET ADDRESS	914 GULF SHORE DRIVE	
CITY-ST-ZIP	DOG ISLAND FLORIDA 32322	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG MADDOX	
STREET ADDRESS	3087 WATERFORD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FLORIDA 32308	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSIE BACKERMAN	
STREET ADDRESS	100 GULF SHORE DRIVE	
CITY-ST-ZIP	DOG ISLAND FLORIDA	

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:

Richard L. Vose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90052 044 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)