

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90143 032 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

BOATENREITER, BECKER

**537 GULFSHORE DR.
DOG ISLAND FL 32322**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HANNON, MIKE**
STREET ADDRESS **147 OLD MAGNOLIA**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROBINSON, E. E DR.**
STREET ADDRESS **10 CANNONBALL ACRES, HC 63, BOX 5047**
CITY-ST-ZIP **DOG ISLAND FL 32322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BOATENREITER, BECKER**
STREET ADDRESS **694 GULFSHORE BLVD.**
CITY-ST-ZIP **DOG ISLAND FL 32322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **VOSE, DICK**
STREET ADDRESS **914 GULF SHORE DRIVE**
CITY-ST-ZIP **DOG ISLAND FL 32322**

TITLE **VTD** ☐ Change ☐ Addition
NAME **Vose DICK / RICHARD L**
STREET ADDRESS **914 GULFSHORE DRIVE**
CITY-ST-ZIP **DOG ISLAND FLORIDA 32322**

TITLE **D** ☐ Delete
NAME **MADDOX, DOUG**
STREET ADDRESS **3087 WATERFORD DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **BACKERMAN, SUSIE**
STREET ADDRESS **100 GULFSTREAM DR., HC 63, BOX 5006**
CITY-ST-ZIP **DOG ISLAND FL 32322**

TITLE ☐ Change ☐ 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: **RICHARD L VOSE** FEB 2003 850-697 4764

CR2E037 (10/02)