

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90060 020 ****70.00

DOCUMENT # N00000002151

1. Entity Name

HARDEE VOLUNTEER FIRE FIGHTERS' ASSOCIATION, INC

Principal Place of Business

149 K.D. REVELL RD
 WAUCHULA FL 33873

Mailing Address

P.O. BOX 652
 WAUCHULA FL 33873-0652

00029231



DO NOT WRITE IN THIS SPACE

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 **59-3623450**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LUNSFORD, HENRY C
 302 W OAK ST
 WAUCHULA FL 33873-1684

7. Name and Address of New Registered Agent

Name **Dorsey, John R**

Street Address (P.O. Box Number is Not Acceptable)

215 North 5th Avenue

City **Wauchula**

FL

Zip Code **33873**

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

John R Dorsey
 Signature, typed or printed name of registered agent and title if applicable.

John R Dorsey

02-26-01

(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 NAME	PD DORSEY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 421	
CITY-ST-ZIP	WAUCHULA FL 33873-0421	
TITLE NAME	SD LUNSFORD, HENRY JR	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 1684	
CITY-ST-ZIP	WAUCHULA FL 33873-1684	
TITLE NAME	TD ENGLISH, CANDACE JR	<input type="checkbox"/> Delete
STREET ADDRESS	1006 W MAIN ST	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD Adler, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1202 West Main Street	
CITY-ST-ZIP	Bowling Green, FL 33834	
TITLE NAME	TD Johns, Tim	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	513 East Palmetto Street	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John Dorsey* **John Dorsey** **02-26-01** **(863)773-6164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)