

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3.

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90060 012 \*\*\*\*61.25

**DOCUMENT # N00000002641**

1. Entity Name

**IAFFOCV, INC.**

Principal Place of Business

C/O PINE GROVE VOLUNTEER FIRE DEPT.  
 4884 MEADOW DRIVE  
 ST. CLOUD FL 34772

Mailing Address

C/O PINE GROVE VOLUNTEER FIRE DEPT.  
 4884 MEADOW DRIVE  
 ST. CLOUD FL 34772

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

**58-3661824**

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

**LOWRY, MADISON W JR**  
**C/O PINE GROVE VOLUNTEER FIRE DEPT.**  
**4884 MEADOW DRIVE**  
**ST. CLOUD FL 34772**

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 resetting)

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          | D                  | <input type="checkbox"/> Delete            |
| NAME           | MARTINEZ, PATRICIA |                                            |
| STREET ADDRESS | 8053 LINCOLN ROAD  |                                            |
| CITY-ST-ZIP    | ST CLOUD FL 34773  |                                            |
| TITLE          | D                  | <input type="checkbox"/> Delete            |
| NAME           | DONAHUE, JOHN      |                                            |
| STREET ADDRESS | 8621 GOPHER LANE   |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32829   |                                            |
| TITLE          | D                  | <input type="checkbox"/> Delete            |
| NAME           | WEYL, BARBARA A    |                                            |
| STREET ADDRESS | 1895 GROVE COURT   |                                            |
| CITY-ST-ZIP    | KISSIMMEE FL 34740 |                                            |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | BERWANGER, KEN     |                                            |
| STREET ADDRESS | 118 BIANCA COURT   |                                            |
| CITY-ST-ZIP    | KISSIMMEE FL 34758 |                                            |
| TITLE          | D                  | <input type="checkbox"/> Delete            |
| NAME           | WHITFIELD, ROY F   |                                            |
| STREET ADDRESS | 3799 RAMBLER AVE   |                                            |
| CITY-ST-ZIP    | ST CLOUD FL 34772  |                                            |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | TAYLOR, BILL       |                                            |
| STREET ADDRESS | 1570 CHERI COURT   |                                            |
| CITY-ST-ZIP    | KISSIMMEE FL 34744 |                                            |

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ron Meyke           |                                                                              |
| STREET ADDRESS | PO Box 453211       |                                                                              |
| CITY-ST-ZIP    | Kissimmee, FL 34745 |                                                                              |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                              |
| STREET ADDRESS |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Bob W. Rher         |                                                                              |
| STREET ADDRESS | 1902 Penfield St    |                                                                              |
| CITY-ST-ZIP    | Kissimmee, FL 34741 |                                                                              |
| 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 |                     |                                                                              |
| CITY-ST-ZIP    |                     |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)