

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90003 011 \*\*\*\*70.00

**DOCUMENT # N00000004698**

1. Entity Name

**INDEPENDANT FIRE AND RESCUE INC.**

Principal Place of Business

Mailing Address

PO BOX 381  
 OXFORD FL 34484

PO BOX 381  
 OXFORD FL 34484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3691159**

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

**KUHNS, J.C.**  
**2045 CR 204**  
**OXFORD FL 34484**

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 Chief** ☐ Delete  
 NAME **KUHNS, J.C.**  
 STREET ADDRESS **PO BOX 381**  
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE **D Asst Chief** ☐ Delete  
 NAME **KUHNS, JOE**  
 STREET ADDRESS **PO BOX 381**  
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE **D EMT** ☐ Delete  
 NAME **THALGOTT, JAMES A**  
 STREET ADDRESS **PO BOX 426**  
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE **D Firefighter** ☐ Delete  
 NAME **PUMPHRY, PAUL**  
 STREET ADDRESS **604 N OLD WIRE ROAD**  
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D** ☒ Delete  
 NAME **RAUSCH, KEVEN**  
 STREET ADDRESS **1331 CR 216**  
 CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D RAPT.** ☐ Change ☒ Addition  
 NAME **Kenneth Ewan**  
 STREET ADDRESS **212 E. McClendon St.**  
 CITY-ST-ZIP **Lady Lake, FL 32159**

TITLE **Second Lt.** ☐ Change ☒ Addition  
 NAME **BRIAN SAMS**  
 STREET ADDRESS **8643 CR 631 B**  
 CITY-ST-ZIP **Bushnell, FL 33513**

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

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

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

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/01**  
 Date

**352-748-1129**  
 Daytime Phone #

CR2E037 (10/00)