

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001072

1. Entity Name

BLACKMAN FIRE DISTRICT, INC.

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90015 010 ****61.25

Principal Place of Business

1850 HWY 2
BAKER FL 32531

Mailing Address

C/O 2107 HWY 2
BAKER FL 32531

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

59-3461694

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

PRESTWOOD, ANDREA S
2107 HWY 2
BAKER FL 32531

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS
NAME TEW, ALLEN D
STREET ADDRESS 7491 RED BARROW RD
CITY-ST-ZIP BAKER FL 32531

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TEW, SAM C
STREET ADDRESS 7712 PEACOCK ROAD
CITY-ST-ZIP BAKER FL 32531

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME FINKEL, DALE E
STREET ADDRESS 1249 FINKEL RD
CITY-ST-ZIP BAKER FL 32531

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SLOAN, RICHARD A
STREET ADDRESS 7574 HWY 189 N
CITY-ST-ZIP BAKER FL 32531

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME BASTON, RANDY H
STREET ADDRESS 1982 HORSE CREEK RD
CITY-ST-ZIP BAKER FL 32531

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 (9/01)