

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02707

1. Entity Name

THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90018 018 ****61.25

Principal Place of Business

Mailing Address

change

P.O. BOX 1127
LAKE WORTH FL 33460
US

P.O. BOX 1127
LAKE WORTH FL 33460-1127
US

2. Principal Place of Business

3. Mailing Address

New add.

13721 Edith Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LOXAHATCHEE

4. FEI Number

65-0051351

Applied For

Not Applicable

Zip

Country

Zip

Country

33470

Palm Beach

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

HISCOCK, JOHN E.
3655 ELIZABETH STREET
LAKE WORTH FL 33461

Name

John E Hiscock

Street

Mr. John Hiscock
13721 Edith Rd.
Loxahatchee, FL 33470-4911

City

Zip Code

33470

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 E Hiscock*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 14, 2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HISCOCK, JOHN E.
1598 62 TRAIL S.
WEST PALM BCH FL

Add Change

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PTC
Chief John E. Hiscock
Maidstone Fire Dept
13721 Edith Rd.
Loxahatchee, FL 33470-4911
John E Hiscock
13721 Edith Rd
Loxahatchee 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WARREN, RAYMOND B.
308 EVERGREEN DR
LAKE WORTH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CICALESE, MRS MAE
625 ROCKLAND DR
WEST PALM BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMMONS, WILBUR B.
799 NO. IVORY LANE
WEST PALM BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAMA, PASQUALE A.
3198 MARINER WY
LANTANA FL

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 14 2000

CR2E037 (9/99)