

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02707

1. Entity Name

THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.

Principal Place of Business

P.O. BOX 1127
LAKE WORTH FL 33460
US

Mailing Address

13721 EDITH RD
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

Maidstone Fire Dept.
13721 Edith Rd
Loxahatchee, FL 33470
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HISCOCK, JOHN E.
13721 EDITH RD
LOXAHATCHEE FL 33470-4911

4. FEI Number

65-0051351

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTC
HISCOCK, JOHN E.
13721 EDITH RD
LOXAHATCHEE FL 33470

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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 #

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90002 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)