

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90667 026 ****61.25

DOCUMENT # N07634

1. Entity Name

WAKULLA COUNTY UNITED FIRE FIGHTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2820 COASTAL HWY.
CRAWFORDVILLE FL 32327
US

2820 COASTAL HWY.
CRAWFORDVILLE FL 32327
US

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 59-2493286

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LOVE, RAYMOND
18 LAKEWOOD DR
PANACEA FL 32346

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	SD	<input checked="" type="checkbox"/> Delete
NAME	JONES, STEVE	
STREET ADDRESS	31 LAKE BLBN SHORES DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME	PIGOTT, STEVE	
STREET ADDRESS	2820 COASTAL HWY.	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, ALLEN	
STREET ADDRESS	264 TRICE LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, ROD	
STREET ADDRESS	P. O. BOX 13 N/A	
CITY-ST-ZIP	ST. MARKS FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOVE, RAYMOND	
STREET ADDRESS	18 LAKEWOOD DR	
CITY-ST-ZIP	PANACEA FL 32346	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, HANK	
STREET ADDRESS	3612 COASTAL HWY	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSHTON, DAZE	
STREET ADDRESS	100 MUNICIPAL AVE.	
CITY-ST-ZIP	GODDARD, FL 32358	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWHORN, MIKE	
STREET ADDRESS	1448 S HELL POINT RD	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIGGRADY, MIKE	
STREET ADDRESS	3083 SHADEVIEW HWY	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
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:

Raymond Love

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2002 850-926-5103

Date

Daytime Phone #

CR2E037 (9/01)

0061645