

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09688

1. Entity Name

RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT,

Principal Place of Business

9990 SW 63RD LN
CEDAR KEY FL 32625
US

Mailing Address

9990 SW 63RD LN
CEDAR KEY FL 32625-3846
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

59-0007171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, DONNA C.
6350 SW 95TH AVE
OXFORD RD
CEDAR KEY FL 32625

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	VP	<input type="checkbox"/> Delete
NAME	WILKERSON, GERALD	
STREET ADDRESS	SW 103RD TERR	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATHCOCK, JOE	
STREET ADDRESS	SHILOH ROAD	
CITY-ST-ZIP	CEDAR KEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, CHRISTY	
STREET ADDRESS	HIGHWAY RT 24	
CITY-ST-ZIP	CEDAR KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATHCOX, LINDA	
STREET ADDRESS	SHILOH ROAD	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONNA ANDERSON	
STREET ADDRESS	OXFORD ROAD	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, TODD	
STREET ADDRESS	OXFORD ROAD	
CITY-ST-ZIP	CEDAR KEY FL 32625	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90122 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)