

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90078 034 ****61.25

0020845

DOCUMENT # N09688

1. Entity Name

RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT,

Principal Place of Business

Mailing Address

9990 SW 63RD LN
 CEDAR KEY FL 32625
 US

9990 SW 63RD LN
 CEDAR KEY FL 32625
 US

720367



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0007171

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Donna C. Anderson

2/21/01

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: **VP** Delete
 NAME: **WILKERSON, GERALD**
 STREET ADDRESS: **SW 103RD TERR**
 CITY-ST-ZIP: **CEDAR KEY FL 32625**

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

TITLE: **D** Delete
 NAME: **HATHCOCK, JOE**
 STREET ADDRESS: **SHILOH ROAD**
 CITY-ST-ZIP: **CEDAR KEY FL**

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

TITLE: **P** Delete
 NAME: **THOMPSON, CHRISTY**
 STREET ADDRESS: **HIGHWAY RT 24**
 CITY-ST-ZIP: **CEDAR KEY FL**

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

TITLE: **D** Delete
 NAME: **HATHCOX, LINDA**
 STREET ADDRESS: **SHILOH ROAD**
 CITY-ST-ZIP: **CEDAR KEY FL 32625**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: **BRITT FLETCHER**
Hwy 24
CEDAR KEY FL 32625
 CITY-ST-ZIP: Change Addition

TITLE: **S** Delete
 NAME: **DONNA ANDERSON**
 STREET ADDRESS: **OXFORD ROAD**
 CITY-ST-ZIP: **CEDAR KEY FL 32625**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: **6352 SW 95TH AVE**
CEDAR KEY FL 32625
 CITY-ST-ZIP: Change Addition

TITLE: **D** Delete
 NAME: **SMITH, TODD**
 STREET ADDRESS: **OXFORD ROAD**
 CITY-ST-ZIP: **CEDAR KEY FL 32625**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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:

Donna C. Anderson

2/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)