

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

04-29-2002 90043 018 ****61.25
 07-16-2002 90367 035 ****61.25

DOCUMENT # N09688

1. Entity Name

RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

9990 SW 63RD LN
 CEDAR KEY FL 32625
 US

9990 SW 63RD LN
 CEDAR KEY FL 32625
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Cedar Key, FL

Cedar Key, FL

Zip 32625 Country USA

Zip 32625 Country USA

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

7. Name and Address of New Registered Agent

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

Name **Nicole Squires**

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

7491 SW 122nd Terr

City Cedar Key

FL

Zip Code

32625

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

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

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

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

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

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

TITLE D
 NAME FLETCHER, BRITT
 STREET ADDRESS HWY 24
 CITY-ST-ZIP CEDAR KEY FL 32625 ☐ Delete

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

TITLE S
 NAME DONNA ANDERSON
 STREET ADDRESS 6352 SW 95TH AVE
 CITY-ST-ZIP CEDAR KEY FL 32625 ☒ Delete

TITLE Sec
 NAME Nicole Squires
 STREET ADDRESS 7491 SW 122nd Terr.
 CITY-ST-ZIP Cedar Key, FL 32625 ☐ Change ☒ Addition

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

TITLE D
 NAME Johnnie T. Squires
 STREET ADDRESS 7491 SW 122nd Terr.
 CITY-ST-ZIP Cedar Key, FL 32625 ☐ 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: **SIGNATURE REQUIRED**

7/16/02 (352)543-5008

CR2E037 (4/02)