

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14064

1. Entity Name

FIREMEN'S BENEFIT FUND, INCORPORATED

Principal Place of Business

1303 SOUTH FRENCH AVENUE  
SANFORD FL 32771

Mailing Address

P.O. BOX 443  
SANFORD FL 32772-0443  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2353072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARKS, JAMES A.  
1120 W. 1ST STREET  
SUITE B  
SANFORD FL 32771

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	P	<input type="checkbox"/> Delete
NAME	RODGERS, EUGENE H JR	
STREET ADDRESS	540 FAWN TRAIL	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUCKER, HORACE A	
STREET ADDRESS	1349 AZORA DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	VAUGHN, ROBERT E	
STREET ADDRESS	276 COLOMA RD	
CITY-ST-ZIP	DEBARY FL 32713-3156	
TITLE	D	<input type="checkbox"/> Delete
NAME	THORNTON, ROBERT D	
STREET ADDRESS	575 THORNTON AVE	
CITY-ST-ZIP	OSTEEN FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, THOMAS M	
STREET ADDRESS	5998 FEATHER LANE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANSOM, GERARD T	
STREET ADDRESS	36715 NASHUA BLVD	
CITY-ST-ZIP	SANFORD FL 32776	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR FOR ADMINISTRATION	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2520 Mellenville Ave.	
STREET ADDRESS	SANFORD, FL 32773	
CITY-ST-ZIP	HICKSON, J.T.	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAOZAK, C.M.	
STREET ADDRESS	104 SKOGEN CT	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UGLIONE, M.H.	
STREET ADDRESS	1545 12TH ST	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTI, A.J.	
STREET ADDRESS	2290 N. Thorpe Av.	
CITY-ST-ZIP	ORANGE CITY, FL 32763	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSELEY, B.A.	
STREET ADDRESS	806 Buckle Dr.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
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:

ROBERT E VAUGHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-2000 (407) 302 2518

CR2E037 (9/99)