

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14064

1. Entity Name

FIREMEN'S BENEFIT FUND, INCORPORATED

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90039 027 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1303 SOUTH FRENCH AVENUE SANFORD FL 32771	Mailing Address P.O. BOX 443 SANFORD FL 32771 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-2353072	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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
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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

Robert E. Vaughn

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 NAME STREET ADDRESS CITY-ST-ZIP	S TRELOAR, SHAWN 500 W. AIRPORT BL #1608 SANFORD FL 32733 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHAWN TRELOAR 643 WEYBROOK COURT LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKER, HORACE A 1349 AZORA DR DELTONA FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RIBERT E. VAUGHN 313 DIRKSEN DRIVE #A-3 DEBARY, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAUGHN, ROBERT E 276 COLOMA RD DEBARY FL 32713-3156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AL ALBERTI 1309 FOWLER DRIVE DELTONA, FL 32725 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMIEUX, BREG 3464 ARNET DR. WINTER PARK FL 32782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTI, AL 2290 N. THORPE AVE. ORANGE CITY FL 32763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSELEY, BRUCE 806 BUCKIE DR. WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert E. Vaughn
ROBERT E. VAUGHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/02

Daytime Phone #

**467
333 6472**

CR2E037 (9/01)