

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90181 017 ****61.25

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 32771
US**

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
Not Applicable

Zip

Country

Zip

Country

32772-0443

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

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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **TRELOAR, SHAWN**
STREET ADDRESS **693 WEYBRIDGE COURT**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☒ Change ☐ Addition
NAME **693 WEYBRIDGE COURT**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **TUCKER, HORACE A**
STREET ADDRESS **1349 AZORA DR**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **MAX G. BUFFIN**
CITY-ST-ZIP **511 S. EDEMON AVE**
WINTER SPRINGS, FL 32708

TITLE **T** ☐ Delete
NAME **VAUGHN, ROBERT E**
STREET ADDRESS **313 DIRKSON DRIVE A-3**
CITY-ST-ZIP **DEBARY FL 32713**

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

TITLE **D** ☐ Delete
NAME **LEMIEUX, GREG**
STREET ADDRESS **3464 ARNET DR.**
CITY-ST-ZIP **WINTER PARK FL 32782**

TITLE ☒ Change ☐ Addition
NAME **LEMIEUX, GREG**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALBERTI, AL**
STREET ADDRESS **1309 FOWLER DRIVE**
CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE **D** ☐ Delete
NAME **MOSELEY, BRUCE**
STREET ADDRESS **806 BUCKIE DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ 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 a address, with all other like empowered.

SIGNATURE:

ROBERT E. VAUGHN

1-19-03

407 302 1069

CR2E037 (10/02)