

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20427

1. Entity Name

OLD MIAKKA FIRE AND RESCUE AUXILIARY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90179 037 ****61.25

Principal Place of Business 15911 RAWLS RD. C/O STEPHEN HANDRA SARASOTA FL 34240 US	Mailing Address 15911 RAWLS RD. C/O STEPHEN HANDRA SARASOTA FL 34240-8745 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0066881	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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6. Name and Address of Current Registered Agent

JOSLIN, HAROLD
15911 RAWLS ROAD
SARASOTA FL 34240

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	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON, JOHN PETE	
STREET ADDRESS	16150 MANES RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DUGGAN, MAURIE A.	
STREET ADDRESS	551 MYAKKA ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RICHARDSON, ELLEN	
STREET ADDRESS	16150 MANES RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUGGAN, DENNIS J	
STREET ADDRESS	551 MYAKKA RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Maurie A. Duggan* **REQUIRE** *Maurie A. Duggan* **01-05-2000** **941-322-1657**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)