

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90255 039 ****61.25

DOCUMENT # N20427

1. Entity Name

OLD MIAKKA FIRE AND RESCUE AUXILIARY, INC.

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
 US

AU011111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0066881

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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 **JOHN P. RICHARDSON**

Street Address (P.O. Box Number is Not Acceptable)
15911 RAWLS RD

City **SARASOTA**

FL

Zip Code **34240**

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 John P. Richardson
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/2001
 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** ☐ Delete
 NAME **RICHARDSON, JOHN PETE**
 STREET ADDRESS **16150 MANES RD.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **VTD** ☐ Delete
 NAME **DUGGAN, MAURIE A.**
 STREET ADDRESS **551 MYAKKA ROAD**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ Delete
 NAME **RICHARDSON, ELLEN**
 STREET ADDRESS **16150 MANES RD.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Delete
 NAME **DUGGAN, DENNIS J**
 STREET ADDRESS **551 MYAKKA RD.**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 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: John P. Richardson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001
 Date

941-371-0811 EXT 5119
 Daytime Phone #

CR2E037 (10/00)