

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90052 038 ****61.25

DOCUMENT # N20968

1. Entity Name

LAND O'LAKES VOLUNTEER FIRE DEPARTMENT INC.#2

Principal Place of Business

21709 HALE ROAD
 LAND O LAKES FL 34639-0095
 US

Mailing Address

P. O. BOX 95
 LAND O LAKES FL 34639-0095
 US

2. Principal Place of Business

21709 Hale Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O'lakes FL

City & State

4. FEI Number

59-2586827

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

Country

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

SANTANA ACCOUNTING SERVICES
3738 LAND O'LAKES BLVD.
SUITE 202
LAND O'LAKES FL 34639

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 Helen Kearney Ems Chief 9-13-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	VP	<input checked="" type="checkbox"/> Delete
NAME	INGLES, MICHAEL V	
STREET ADDRESS	24836 WILD FRONTIER DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCCORD, MARY ANN H	
STREET ADDRESS	22620 GAGE LOOP #21	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ERIC J	
STREET ADDRESS	22051 YACHT CLUB TERR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAUSS, BRENDA	
STREET ADDRESS	22610 WILLOW LAKES DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KELCH, BRENDA	
STREET ADDRESS	14027 BLUEGILL LANE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	DILLY, JEFFREY W	
STREET ADDRESS	5140 EAGLE ISLAND DR	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helen Kearney, Helen	
STREET ADDRESS	22618 Weeks Blvd.	
CITY-ST-ZIP	land o'lakes FL 34639	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deb Fahlman	
STREET ADDRESS	9536 may son St	
CITY-ST-ZIP	NPR FL 34654	
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	Associate/Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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: Signature Required

9-5-02

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