

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23244

1. Entity Name

WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90062 012 ****70.00

Principal Place of Business

3083 SHADEVILLE HWY
 CRAWFORDVILLE FL 32327
 US

Mailing Address

3083 SHADEVILLE HWY
 CRAWFORDVILLE FL 32327
 US

2. Principal Place of Business

3083 Shadenville Hwy.

3. Mailing Address

3083 Shadenville Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crawfordville Fl.

City & State

Crawfordville Fl.

4. FEI Number

59-2859621

Applied For

Not Applicable

Zip

32327

Country

Wakulla

Zip

32327

Country

Wakulla

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, BRAD
 57 ASPEN CT
 CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

AL SHYLKOFKSI

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

83 Walden Rd.

City

Crawfordville

FL

Zip Code

32327

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

Al Shylkofksi

9/8/2000

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

After September 13, 2000 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, BRAD	
STREET ADDRESS	57 ASPEN CT	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHYLKOFKSI, AL	Don't Delete
STREET ADDRESS	83 WALDON RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCBEE, CINDY	
STREET ADDRESS	108 MARY ANN DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VICK, JIMMY	
STREET ADDRESS	11 SAM SMITH CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NORRIS, LEALY	
STREET ADDRESS	196 ROCK RD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	OIGRADY, MICHAEL	
STREET ADDRESS	3083 SHADEVILLE HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shylkofksi, AL	
STREET ADDRESS	83 Walden Rd	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Dick	
STREET ADDRESS	74 Page Oliver Rd.	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patty Perry	
STREET ADDRESS	120 South Springwood Blvd	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael O'Grady	
STREET ADDRESS	14 Corken Street	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellery Gray	
STREET ADDRESS	2421 Shadenville Hwy	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Re Dino Williams	
STREET ADDRESS	81 Autumn Woods Way	
CITY-ST-ZIP	Crawfordville FL 32327	

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:

Al Shylkofksi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2000

421-5134

Date

Daytime Phone #

CR2E037 (5/00)