

2002 UNIFORM BUSINESS REPORT (UBR)

0001072

DOCUMENT # N23244

1. Entity Name

WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.

FILED

02 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2859621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SKYKOFKSI, AL
73 WALDEN ROAD
CRAWFORDVILLE FL 32327

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 P
NAME OGRADY, MICHAEL
STREET ADDRESS 14 CORKEY
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE VP
NAME CREAMER, RICHARD C
STREET ADDRESS 19 RAZORBACK RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE S
NAME PERRY, PATTY
STREET ADDRESS 120 S SPRINGWOOD BLVD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE D
NAME WILLIAMS, RE'DINO
STREET ADDRESS 81 AUTUMN WOODS WAY
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE T
NAME SHYKOFKSI, AL
STREET ADDRESS 83 WALDON RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

TITLE D
NAME GRAY, ELLERY
STREET ADDRESS 2421 SHADEVILLE RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE 000005418880-8 Addition
NAME -05/01/02--01081--002
STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP

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

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

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

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 an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 567-0507

CR2E037 (9/01)