

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24618

1. Entity Name

MYAKKA CITY FIREFIGHTERS ASSOCIATION, INC.

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90006 033 ****61.25

Principal Place of Business

MYAKKA CITY FIRE STATION
10215 WACHULLA RD
MYAKKA CITY FL 34251
US

Mailing Address

MYAKKA CITY FIRE STATION
104 BRADENTON-ARCADIA RD.
MYAKKA CITY FL 34251

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PARRISH, ANNETTE
10215 WACHULLA RD
MYAKKA CITY FL 34251

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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	PARRISH, ANNETTE	
STREET ADDRESS	10215 WACHULLA RD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, ANNETTE	
STREET ADDRESS	10051 WACHULLA RD	
CITY-ST-ZIP	MYAKKA CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CACCHIOTTI, DANIEL	
STREET ADDRESS	42287 SR 70	
CITY-ST-ZIP	MYAKKA CITY FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KERSEY, ARTHUR	
STREET ADDRESS	10215 WACHULLA ROAD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
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	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartoszek, Richard	
STREET ADDRESS	10215 WACHULLA ROAD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACCHIOTTI, DANIEL	
STREET ADDRESS	10215 WACHULLA ROAD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER KAREN	
STREET ADDRESS	10215 WACHULLA RD	
CITY-ST-ZIP	MYAKKA CITY FL 34251	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2000
Date

941 322-1159
Daytime Phone #

CR2E037 (9/99)