

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25290

1. Entity Name

HOLOPAW VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

4751 TURNAROUND BAY RD  
ST. CLOUD FL 34773

ST. CLOUD FL 34773-9651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9053 Lincoln Rd.

St. Cloud, Fla

34773

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASTON, EDWARD  
5015 TOPEKA AVENUE  
ST. CLOUD FL 34773

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MASTON, EDWARD  
STREET ADDRESS 5015 TOPEKA AVE.  
CITY-ST-ZIP ST. CLOUD FL 34773

TITLE CATHERINE MUSE ☐ Change ☒ Addition  
NAME 6928 Crabgrass Rd.  
STREET ADDRESS St. Cloud, Fla. 34773  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME MASTON, HEATHER  
STREET ADDRESS 5015 TOPEKA AVENUE  
CITY-ST-ZIP ST. CLOUD FL

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

TITLE D ☐ Delete  
NAME EVANS, WILLIAM  
STREET ADDRESS 5045 TOPEKA AVENUE  
CITY-ST-ZIP ST. CLOUD FL

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

TITLE PD ☐ Delete  
NAME MARTINEZ, PATRICIA  
STREET ADDRESS 9053 LINCOLN ROAD  
CITY-ST-ZIP ST. CLOUD FL 34773

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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, with all other like empowered.

SIGNATURE:

Patricia Martinez Patricia Martinez

4/25/00

407 891-9112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)