

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25290

1. Entity Name

HOLOPAW VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

4751 TURNAROUND BAY RD
ST. CLOUD FL 34773

Mailing Address

9053 LINCOLN RD.
ST. CLOUD FL 34773

2. Principal Place of Business

4751 TURNAROUND BAY RD

3. Mailing Address

5045 TOPEKA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD FL.

City & State

ST. CLOUD FL.

Zip

34773

Country

OSCEOLA

Zip

34773

Country

OSCEOLA

6. Name and Address of Current Registered Agent

MASTON, EDWARD
5015 TOPEKA AVENUE
ST. CLOUD FL 34773

7. Name and Address of New Registered Agent

Name William J Evans

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

5045 TOPEKA AVENUE

City ST. CLOUD FL.

FL Zip Code 34773

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

William J Evans

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

(NOTE: Registered Agent signature required when reinstating)

1/15/2001

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

TITLE D
NAME MUSE, CATHERINE
STREET ADDRESS 6928 CRABGRASS RD.
CITY-ST-ZIP SAINT CLOUD FL 34773 ☒ Delete

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME WANETTE Swogger
STREET ADDRESS 9174 MERCURY DR.
CITY-ST-ZIP SAINT CLOUD FL. 34773 ☐ Change ☒ Addition

TITLE D
NAME David Swogger
STREET ADDRESS 9174 MERCURY DR.
CITY-ST-ZIP SAINT CLOUD FL. 34773 ☐ Change ☒ Addition

TITLE D
NAME SHELLY COOKE
STREET ADDRESS 3981 Hickory Tree Rd.
CITY-ST-ZIP SAINT CLOUD FL. ☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE: W. J. EVANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

407 957-5001

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90135 042 ****61.25

737659



DO NOT WRITE IN THIS SPACE

0087655

CR2E037 (10/00)