

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90117 020 ****70.00

DOCUMENT # N31611

1. Entity Name

MONROE COUNTY FIRE CHIEFS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8900 OVERSEAS HWY
 MARATHON FL 33050
 US**

**8900 OVERSEAS HWY
 MARATHON FL 33050
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAGNER, WILLIAM A. III
 8900 OVERSEAS HWY
 MARATHON FL 33050**

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 **CASSEL, DAN**
 STREET ADDRESS **1427 BOCA CHICA RD**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE **D** ☒ Delete
 NAME **ROLLI, JOHN**
 STREET ADDRESS **6 SNAPPER LANE**
 CITY-ST-ZIP **SUGARLOAF KEY FL 33044**

TITLE **(D)** ☒ Change ☒ Addition
 NAME **KEITH CORTNER**
 STREET ADDRESS **151 MARINE AVE**
 CITY-ST-ZIP **TAVERNIER, FL 33070**

TITLE **D** ☒ Delete
 NAME **WAGNER, HANS**
 STREET ADDRESS **1070-52ND ST GULF**
 CITY-ST-ZIP **MARATHON FL 33050**

TITLE **(D)** ☒ Change ☒ Addition
 NAME **SANDY MACLAREN**
 STREET ADDRESS **122 50 LAYTON DR**
 CITY-ST-ZIP **LAYTON, FL 33001**

TITLE **P** ☐ Delete
 NAME **PUTO, MICHAEL H**
 STREET ADDRESS **700-89 ST OCEAN**
 CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE **D** ☐ Delete
 NAME **WAGNER, WM. A. III**
 STREET ADDRESS **284 ORANGE AVE**
 CITY-ST-ZIP **MARATHON FL 33050**

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

TITLE **D** ☒ Delete
 NAME **FLETHUR, WAYNE**
 STREET ADDRESS **OUTDOOR RESORTS LOT 368**
 CITY-ST-ZIP **LONG KEY FL 33001**

TITLE **(D)** ☒ Change ☒ Addition
 NAME **MIKE BOWDEN**
 STREET ADDRESS **273 VENETIAN WAY**
 CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

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:

Michael H. Puto, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02

305-522-6277

CR2E037 (9/01)