

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90270 007 ****61.25

DOCUMENT # N32797

1. Entity Name

SPRING LAKES VOLUNTEER FIREMEN'S FUND, INC.

Principal Place of Business

Mailing Address

**2800 FIREHOUSE ROAD
 DELAND FL 32720**

**2800 FIREHOUSE ROAD
 DELAND FL 32720**

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

59-2961948

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

**LEFILS, GREGORY W.
 165 SOUTH OAK AVENUE
 ORANGE CITY FL 32763**

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 **WATTS, ROLAND**
 STREET ADDRESS **261 EAST C STREET**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

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

TITLE **D** ☐ Delete
 NAME **SCOTT, RICHARD D JR.**
 STREET ADDRESS **1970 SOUTH JOLUSIA AVENUE**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☒ Change ☐ Addition
 NAME **Scott, Richard D, Jr**
 STREET ADDRESS **1295 20th Street**
 CITY-ST-ZIP **Orange City Fl 32163**
 Address Change only

TITLE **D** ☐ Delete
 NAME **HINSCH, HOWARD H**
 STREET ADDRESS **1010 TORCHMARK DR**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE ☒ Change ☐ Addition
 NAME **Howard H. Hirsch**
 STREET ADDRESS **1010 Torchwood Drive**
 CITY-ST-ZIP **Deland, Fl 32720**
 Address Correction only

TITLE **D** ☐ Delete
 NAME **PASQUALLE, LYNN**
 STREET ADDRESS **1395 TENTH STREET**
 CITY-ST-ZIP **ORANGE CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **D Pasqualle, Patricia Lynn**
 STREET ADDRESS **212 W. Retta St.**
 CITY-ST-ZIP **Deleon Springs Fl 32130**
 Address Change only

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: **P. Pasqualle**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 386-985-0624
 Date Daytime Phone #

CR2E037 (9/01)