

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90045 037 ****61.25

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DOCUMENT # N32797

1. Entity Name

SPRING LAKES VOLUNTEER FIREMEN'S FUND, INC.



Principal Place of Business

**2800 FIREHOUSE ROAD
DELAND FL 32720**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D WATTS, ROLAND**
STREET ADDRESS **261 EAST C STREET**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Delete
NAME **D SCOTT, RICHARD D JR.**
STREET ADDRESS **1295 20TH STREET**
CITY-ST-ZIP **ORANGE CITY FL 321830**

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

TITLE ☐ Delete
NAME **D PASQUALE, LYNN**
STREET ADDRESS **212 W. RETTA ST**
CITY-ST-ZIP **DE LEON SPRINGS FL 32130**

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

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

TITLE ☐ Change ☐ Addition
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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 L. Pasquale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/09/03 (386) 985-0024
Date Daytime Phone #

CR2E037 (4/03)