

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90024 024 ****61.25

DOCUMENT # N38108

1. Entity Name

DOWLING PARK VOLUNTEER FIRE DEPARTMENT, INC. ✓

Principal Place of Business

Mailing Address

22992 CR 250
 LIVE OAK FL 32060
 US

22992 CR 250
 LIVE OAK FL 32060
 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

59-3021108

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARDEN, JEFF
21317 217TH PL
LIVE OAK FL 32060

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 _____

**After September 13, 2002,
 min. will be \$236.25.**

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 Delete
 NAME **CD MONROE, STEFAN**
 STREET ADDRESS **13646 233RD ROAD**
 CITY-ST-ZIP **LIVE OAK FL**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T STEVENS, CAROL**
 STREET ADDRESS **21962 104TH ST.**
 CITY-ST-ZIP **LIVE OAK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PETERS, BRYAN**
 STREET ADDRESS **21165 96 ST**
 CITY-ST-ZIP **LIVE OAK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD CHURCH, PAT**
 STREET ADDRESS **12880 233RD RD**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S MONROE, REBECCA**
 STREET ADDRESS **13646 233RD RD**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD WARDEN, JEFF**
 STREET ADDRESS **21317 217th PL**
 CITY-ST-ZIP **LIVE OAK FL 32060**

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: _____

Carol Stevens
CAROL STEVENS

8/12/02 386-658-3862

CR2E037 (4/02)