

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90474 003 \*\*\*\*61.25

UBR3/04

**DOCUMENT # N38108**

1. Entity Name  
**DOWLING PARK VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**22992 CR 250  
LIVE OAK FL 32060  
US**

Mailing Address  
**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

4. FEI Number **59-3021108**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MONROE, STEFAN</b>	
STREET ADDRESS	<b>13646 233RD ROAD</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENS, CAROL</b>	
STREET ADDRESS	<b>21962 104TH ST.</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETERS, BRYAN</b>	
STREET ADDRESS	<b>21165 96 ST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CHURCH, PAT</b>	
STREET ADDRESS	<b>12880 233RD RD</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MONROE, REBECCA</b>	
STREET ADDRESS	<b>13646 233RD RD</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>WARDEN, JEFF</b>	
STREET ADDRESS	<b>21317 217TH PL</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

396-658-3852

CR2E037 (10/02)