2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 18, 2002 8:00 am **DOCUMENT # N38804** 1. Entity Name **Secretary of State** LEE COUNTY FIRE MARSHAL'S ASSOCIATION, INC. 03-18-2002 90048 029 ****61.25 Principal Place of Business Mailing Address 2600 TRAIL DAIRY CIRCLE P.O. BOX 1233 NORTH FT. MYERS FL 33917 FT. MYER\$ FL 33902 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0266221 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent __ = 6.-Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) REYNOLDS, ROLAND 15390 MOONRAKER COURT, 411 N. FT. MYERS FL 33917 City 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 J-4-200Z Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) STD □ Change Addition ☐ Delete TITLE REYNOLDS, ROLAND GOODMAN, MARK T. NAME NAME CR2E037 STREET ADDRESS STREET ADDRESS P.O. BOX 4386, N/A 27490 OLD US 4 1 20. BONITA SPRINGS, FL 34/35 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Addition ☐ Delete TITLE COLLINS, DAVE NAME 16470 COOK ROAD STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP FT. MYERS FL [] Change ☐ Addition ☐ Delete TITLE **BROTHEIM, CRAIG** NAME NAME 16272 HORIZON STREET ADDRESS STREET ADDRESS N FT MYRS FL CITY-ST-ZIP CITY-ST-7IP [] Change ☐ Addition Delete TITLE TITLE MACKENZIE, GREG NAME 15961 WINKLER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33908 CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE JONES, RICK NAME NAME 2600 TRAIL DAIRY CIR. STREET ADDRESS STREET ADDRESS N. FT. MEYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ROLAND REVNOLDS 3/4/02 941-731-1931 SIGNATURE: