

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43171

1. Entity Name

CROSS ROADS VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90010 033 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5769 SW CR 141 JASPER FL 32052 US	Mailing Address 5769 SW CR 141 JASPER FL 32052-4815 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0260877	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCORMICK, JOHN H 215 N.E. 2ND STREET JASPER FL 32052

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.

SIGNATURE _____ (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			
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	WATTERLY, ROBERT		
STREET ADDRESS	7808 SW CR 141		
CITY-ST-ZIP	JASPER FL 32052		
TITLE	V	<input checked="" type="checkbox"/> Delete	
NAME	ROUSE, RON		
STREET ADDRESS	7808 SW CR 141		
CITY-ST-ZIP	JASPER FL 32052		
TITLE	I	<input type="checkbox"/> Delete	
NAME	WATTERLY, LAURIE		
STREET ADDRESS	7808 SW CR 141		
CITY-ST-ZIP	JASPER FL 32052		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	KALEY, DORIS		
STREET ADDRESS	7808 SW CR 141		
CITY-ST-ZIP	JASPER FL 32052		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	WOMACK, WILLIAM D		
STREET ADDRESS	ROUTE 3 BOX 390-42		
CITY-ST-ZIP	JASPER FL 32052		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BEDNARZ, EMIL F		
STREET ADDRESS	ROUTE 3 BOX 382C-24		
CITY-ST-ZIP	JASPER FL 32052		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Sam Agner		
STREET ADDRESS	6394 SW 57th WAY		
CITY-ST-ZIP	JASPER FL 32052		
TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	William Smith		
STREET ADDRESS	7793 SW 79th DRIVE		
CITY-ST-ZIP	JASPER FL 32052		
TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Tammy Williams		
STREET ADDRESS	9410 SW CR 143		
CITY-ST-ZIP	JASPER, FL 32052		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Marjoë Bednarz		
STREET ADDRESS	Route 3 Box 382-C-24		
CITY-ST-ZIP	JASPER FL 32052		
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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-2000 (904) 938-1261

Date

Daytime Phone #