

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90027 041 ****61.25

DOCUMENT # N43171

1. Entity Name

CROSSROADS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

5769 SW CR 141
 JASPER FL 32052
 US

5769 SW CR 141
 JASPER FL 32052
 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

65-0260877

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

MCCORMICK, JOHN H
215 N.E. 2ND STREET
JASPER FL 32052

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **AGNER, SAM**
 CITY-ST-ZIP **6394 SW 57TH WAY**
JASPER FL 32052

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SMITH, WILLIAM**
 CITY-ST-ZIP **7793 SW 79TH DRIVE**
JASPER FL 32052

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

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **WATTERLY, LAURIE**
 CITY-ST-ZIP **7808 SW CR 141**
JASPER FL 32052

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **DeRocco, Laddie**
 CITY-ST-ZIP **4976 N.W. 4th Place**
Jasper, Florida 32052

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **WILLIAMS, TAMMY**
 CITY-ST-ZIP **9410 SW CR 143**
JASPER FL 32052

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **Galish, Debbie**
 CITY-ST-ZIP **5200 SW 4th Ct.**
Jasper, Florida 32052

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BEDNARZ, MARJORIE**
 CITY-ST-ZIP **RT 3 BOX 382-C-24**
JASPER FL 32052

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BEDNARZ, EMIL F**
 CITY-ST-ZIP **ROUTE 3 BOX 382C-24**
JASPER FL 32052

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:

LADDIE DEROCCE / LADDIE DEROCCE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01
 Date

904-938-4850
 Daytime Phone #

CR2E037 (10/00)