

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N43171**

1. Entity Name

CROSSROADS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

5769 SW CR 141
JASPER FL 32052
US

Mailing Address

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

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

B. 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 \$61.259. 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 **P** ☐ Delete
NAME **AGNER, SAM**
STREET ADDRESS **6394 SW 57TH WAY**
CITY-ST-ZIP **JASPER FL 32052**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **SMITH, WILLIAM**
STREET ADDRESS **7793 SW 79TH DRIVE**
CITY-ST-ZIP **JASPER FL 32052**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **DEROCCO, LADDRE**
STREET ADDRESS **4976 NW 42ND PLACE**
CITY-ST-ZIP **JASPER FL 32052**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **GALISH, DEBBIE**
STREET ADDRESS **5200 SW 42ND CT**
CITY-ST-ZIP **JASPER FL 32052**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BEDNARZ, MARJORIE**
STREET ADDRESS **RT 3 BOX 382-C-24**
CITY-ST-ZIP **JASPER FL 32052**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BEDNARZ, EMIL F**
STREET ADDRESS **ROUTE 3 BOX 382C-24**
CITY-ST-ZIP **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

02-14-2002 90012 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)