

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N47354**

1. Entity Name

**BIG CORKSCREW ISLAND VOLUNTEER
FIREFIGHTER ASSOCIATION, INC.**

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90036 023 ****61.25

Principal Place of Business

**C/O BIG CORKSCREW ISLAND
FIRE CONTROL
13240 IMMOKALEE Rd.
NAPLES FL 33964**

Mailing Address

**C/O BIG CORKSCREW ISLAND
FIRE CONTROL
13240 IMMOKALEE Rd.
NAPLES FL 33964**

30055128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0409306

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

**STEWART, JAMES C. JR. ESQUIRE
C/O STEWART & STORTER ATTORNEYS AT LAW
1725 CR 951 S., STE 106
NAPLES FL 33999**

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

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP GOOD, JEFF 13240 IMMOKALEE Rd. NAPLES FL 33964	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV HENNELS, DANN 13240 IMMOKALEE Rd. NAPLES FL 33964	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS TEEHAN, BARBARA 13240 IMMOKALEE Rd. NAPLES FL 33964	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT MARFONGELLA, ANDREW 13240 IMMOKALEE Rd. NAPLES FL 33964	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV TEEHAN, ROBERT 13240 IMMOKALEE Rd. NAPLES FL 33964	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT MOUNT, ANTON 13240 IMMOKALEE Rd. NAPLES FL 33964	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Anton R. Mount** **ANTON R. MOUNT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-00

Date

455-1204

CR2E037 (9/99)