

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47354

1. Entity Name

BIG CORKSCREW ISLAND VOLUNTEER FIREFIGHTER ASSOC
ATION, INC.

Principal Place of Business

C/O BIG CORKSCREW ISLAND FIRE CONTROL
13240 IMMOKALEE ROAD
NAPLES FL 33964

Mailing Address

C/O BIG CORKSCREW ISLAND FIRE CONTROL
13240 IMMOKALEE ROAD
NAPLES FL 33964

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 65-0469306

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 DP
NAME STANKOWITZ, JAMES
STREET ADDRESS 13240 IMMOKALEE RD.
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE DP
NAME CARPENTER, RAY SCOTT
STREET ADDRESS 13240 IMMOKALEE RD.
CITY-ST-ZIP NAPLES FL 34120 ☐ Change ☒ Addition

TITLE DV
NAME TEEHAN, ROBERT
STREET ADDRESS 13240 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE DV
NAME GOOD, JEFF
STREET ADDRESS 13240 IMMOKALEE Rd.
CITY-ST-ZIP NAPLES FL 34120 ☐ Change ☒ Addition

TITLE DS
NAME BARBARA TEEHAN
STREET ADDRESS 13240 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE DS
NAME MOUNT, ANTON
STREET ADDRESS 13240 IMMOKALEE Rd.
CITY-ST-ZIP NAPLES FL 34120 ☐ Change ☒ Addition

TITLE DT
NAME MOUNT, ANTON
STREET ADDRESS 13240 IMMOKALEE RD.
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2001

(941) 455-1204

Date

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90016 011 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)