

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90134 044 ****61.25

DOCUMENT # N94000003056

1. Entity Name

ORANGE SPRINGS VOLUNTEER FIRE FIGHTER'S AUXILIAR

Principal Place of Business

23520 N HWY 315
ORANGE SPRINGS FL 32182

Mailing Address

P O BOX 634
ORANGE SPRINGS FL 32182-0634

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

59-3253035

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

LUMM, VERNON W
197 INDIAN LKS RD
HAWTHORNE FL 32640

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 **PT** ☐ Delete
NAME **LUMM, VERNON W**
STREET ADDRESS **197 INDIAN LAKES RD**
CITY-ST-ZIP **HAWTHORNE FL 32640**

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

TITLE **VPT** ☒ Delete
NAME **HELLINGER, CLYDE**
STREET ADDRESS **23525 NE 110 AVE**
CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME **VPT**
STREET ADDRESS **WARREN, HAROLD BOX 559**
CITY-ST-ZIP **9847 E. HWY. #318 ORANGE SPRS FL 32182**

TITLE **TT** ☐ Delete
NAME **GATCOMB, MARGARET**
STREET ADDRESS **POB 454/23441 NE 117TH CT RD**
CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

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

TITLE **ST** ☒ Delete
NAME **MCCLURE, MARY**
STREET ADDRESS **10987 NE HWY C-318**
CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME **ST**
STREET ADDRESS **WARREN, JANET**
CITY-ST-ZIP **9847 E HWY. #318 BOX 559**
ORANGE SPRS., FL. 32182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-01 352-546-3582

CR2E037 (10/00)