

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90133 036 *****70.00

0087395

DOCUMENT # N95000000042

1. Entity Name

INVERNESS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**105 S APOPKA AVE
INVERNESS FL 34452**

Mailing Address

**105 S APOPKA AVE
INVERNESS FL 34452**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CABRERA, PAUL
105 S APOPKA AVE
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name **Scott Burd**

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

105 S. Apopka Ave

City

Inverness

FL

Zip Code

34452

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

Scott Burd **Scott Burd TD**

1/7/02

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 **CD** ☐ Delete
NAME **HARDY, RAYMOND**
STREET ADDRESS **105 S APOPKA AVE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **PD** ☒ Delete
NAME **CABRERA, PAUL**
STREET ADDRESS **105 S APOPKA AVE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **VD** ☐ Delete
NAME **MOECKEL, TODD**
STREET ADDRESS **105 S APOPKA AVE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **TD** ☐ Delete
NAME **BURD, SCOTT**
STREET ADDRESS **105 S APOPKA AVE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **S** ☒ Delete
NAME **GONZALES, LISA**
STREET ADDRESS **105 S APOPKA AVE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☐ Change ☒ Addition
NAME **Coburn, Heather**
STREET ADDRESS **105 S. Apopka Ave**
CITY-ST-ZIP **Inverness FL 34452**

TITLE **PD** ☒ Change ☐ Addition
NAME **MOECKEL, Todd**
STREET ADDRESS **105 S. Apopka Ave**
CITY-ST-ZIP **Inverness FL 34452**

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

TITLE **S** ☐ Change ☒ Addition
NAME **Pruitt, Dodi**
STREET ADDRESS **105 S. Apopka Ave**
CITY-ST-ZIP **Inverness FL 34452**

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:

Scott Burd **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

352 726-2001

Date

Daytime Phone #

CR2E037 (9/01)