

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003089

1. Entity Name

PUNTA GORDA VOLUNTEER FIRE ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90085 035 ****70.00

Principal Place of Business

Mailing Address

1410 TAMiami TRAIL
PUNTA GORDA FL 33950

1410 TAMiami TRAIL
PUNTA GORDA FL 33950

2. Principal Place of Business

1410 TAM. TR /

3. Mailing Address

1410 TAM. TR /

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

PUNTA GORDA F.L.

City & State

PUNTA GORDA F.L.

Zip

33950

Country

UNITED STATES

Zip

33950

Country

UNITED STATES

4. FEI Number

65-0748884

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

HUTCHISON, BART
20184 SUSAN AVENUE
PORT CHARLOTTE FL 33952

Name

SAME

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

SAME

City

SAME

FL

Zip Code

SAME

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/00

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 PD
NAME HUTCHISON, BART
STREET ADDRESS 20184 SUSAN AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE STD
NAME Scott Blanchard
STREET ADDRESS 1237 Ardella St
CITY-ST-ZIP Port Charlotte F.L. 33952 ☒ Change ☐ Addition

TITLE VPD
NAME LEWANDOWSKI, ROBERT
STREET ADDRESS 1450 KENSINGTON STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

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

TITLE STD
NAME BARONE, THERESA
STREET ADDRESS 20312 HUBBARD AVE.
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☒ 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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00

CR2E037 (9/99)