

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90017 045 \*\*\*\*70.00

**DOCUMENT # N96000003089**

1. Entity Name

**PUNTA GORDA VOLUNTEER FIRE ASSOCIATION, INC.**

Principal Place of Business

1410 TAMiami TRAIL  
PUNTA GORDA FL 33950

Mailing Address

1410 TAMiami TRAIL  
PUNTA GORDA FL 33950

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0748884**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUTCHISON, BART**  
**20184 SUSAN AVENUE**  
**PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

*Troy A Mitchell*

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

*2417 STARLITE LN*

City

*port charlotte*

**FL**

Zip Code

*33952*

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

*Troy Mitchell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/22/01*

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

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

TITLE ☒ Delete  
NAME **STD BLANCHARD, SCOTT**  
STREET ADDRESS **1237 ARDELLA ST**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **PD Mitchell, Troy**  
STREET ADDRESS **2417 STARLITE LN**  
CITY-ST-ZIP **port charlotte, FL 33952**

TITLE ☒ Change ☐ Addition  
NAME **VPD ~~LEWANDOWSKI, ROBERT~~ GIBBS, HOLDEN**  
STREET ADDRESS **19782 MIDWAY BLVD.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☒ Change ☐ Addition  
NAME **STD ROUSE, KEVIN**  
STREET ADDRESS **3261 ESCOBAR LN**  
CITY-ST-ZIP **NORTHPORT, FL 34286**

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

TITLE ☐ Change ☐ Addition  
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:

*Troy Mitchell*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/21/01*

Daytime Phone #

*941-766-0074*

CR2E037 (10/00)