

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90221 050 ****61.25

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

3. Mailing Address

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

7. Name and Address of New Registered Agent

NAYLOR, ROBERT
1410 TAMiami TRAIL
PUNTA GORDA FL 33950

Name

Street Address (P.O. Box Numbers 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **STIENMENTZ, EDDIE**
STREET ADDRESS **1410 TAMiami TRAIL**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PO** ☒ Change ☐ Addition
NAME **Lippel, Larry**
STREET ADDRESS **1410 TAMiami TRAIL**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **VPD** ☐ Delete
NAME **SOOSH, CRAIG**
STREET ADDRESS **1410 TAMiami TRAIL**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Soosh, Craig**
STREET ADDRESS **1410 TAMiami TRAIL**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **STD** ☐ Delete
NAME **NAYLOR, ROBERT**
STREET ADDRESS **P.O BOX 510164**
CITY-ST-ZIP **PUNTA GORDA FL 33951-0164**

TITLE **STD** ☒ Change ☐ Addition
NAME **KAPUDJIJA, Charles**
STREET ADDRESS **1410 TAMiami TRAIL**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

CHARLES KAPUDJIJA **1/24/03** **941-575-5529**

CR2E037 (10/02)