

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002510

1. Entity Name

ONCE DUE FIRE DEPARTMENT, INC.

Principal Place of Business

300 BROADVIEW AVENUE  
ALTAMONTE SPRINGS FL 32701

Mailing Address

300 BROADVIEW AVENUE  
ALTAMONTE SPRINGS FL 32701-6233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WOLFE, LARRY  
200-A JOHN KNOX ROAD  
TALLAHASSEE FL 32303-6643

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90056 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3447141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

TITLE	PDT	<input type="checkbox"/> Delete
NAME	SELWYN, JERRY	
STREET ADDRESS	300 BROADVIEW AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VPDS	<input checked="" type="checkbox"/> Delete
NAME	RACKENSPERGER, SARA	
STREET ADDRESS	988 STONEWOOD LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENNISON, ERIK	
STREET ADDRESS	211 TRIPLET LAKE DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcia McIntee	
STREET ADDRESS	PO Box 151496	
CITY-ST-ZIP	Altamonte Springs FL 32715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delia Tokosky	
STREET ADDRESS	14411 Salamanca Drive	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Addison Stites	
STREET ADDRESS	615 Calibre Crest Parkway	
CITY-ST-ZIP	Alt-Sprg FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/15/00

(407) 260 8000

Date

Daytime Phone #

CR2E037 (9/99)