

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90011 019 ****61.25

006526

DOCUMENT # N97000004702

1. Entity Name

STATION 32 AUXILIARY FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

185 SOUTH THIRD STREET
 EAGLE LAKE FL 33839

POST OFFICE BOX 1240
 EAGLE LAKE FL 33839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3478235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired -

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEHOE, FRANK
111 REAM ROAD
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is 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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KEHOE, FRANK	
STREET ADDRESS	111 REAM RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRISS, RICHARD	
STREET ADDRESS	265 2ND ST S	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CRISS, MICHELLE	
STREET ADDRESS	265 2ND ST S	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEDGWICK, LINDA	
STREET ADDRESS	55 DALE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOELTON, TERRY	
STREET ADDRESS	675 EAST CENTRAL AVENUE	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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
CRISS-VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.04.01

863.295.5173

Date

Daytime Phone #

CR2E037 (10/00)