

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90072 001 ****61.25

DOCUMENT # N97000004702

1. Entity Name

STATION 32 AUXILIARY FIRE DEPARTMENT, INC.

Principal Place of Business

**185 SOUTH THIRD STREET
 EAGLE LAKE FL 33839**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-3478235**

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Date **01-24-02** Daytime Phone # **863-287-5806**

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE