

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90116 007 ****61.25

DOCUMENT # N98000004758

1. Entity Name

GLADES AREA FIRE RESCUE VOLUNTEERS, INC.



Principal Place of Business

**171 NORTH LAKE AVENUE
PAHOKEE FL 33476**

Mailing Address

**171 NORTH LAKE AVENUE
PAHOKEE FL 33476**

2. Principal Place of Business

3. Mailing Address

1661 Northlake Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pahokee, FL.

Zip

Country

Zip

Country

33476

United States

4. FEI Number **65-0873098**

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

**LEVINS, MARVINS S
1631 BACOM POINT RD
PAHOKEE FL 33476**

Name

Peaden, Curtis E.

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

2659 Bacom Point Road

City

Pahokee

FL

Zip Code

33476

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

Curtis E. Peaden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/2003

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 NAME STREET ADDRESS CITY-ST-ZIP	DP LEVINS, MARVIN S 1631 BACOM PT. RD. PAHOKEE FL 33476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEADEN, CURTIS E 2659 BACOM PT. RD PAHOKEE FL 33476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LONGORIA, JOSE 1115 GARDEN PLACE PAHOKEE FL 33476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Peaden, Curtis E. 2659 Bacom Point Road Pahokee, FL 33476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Redd, Henry 2594 Southwest 14th Terrace Pahokee, FL 33476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP POPE, III, EDWARD LEWIS 1135 GARDEN PLACE PAHOKEE, FL 33476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Curtis E. Peaden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2003 (56) 924-2104

CR2E037 (10/02)