

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


FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90014 007 ****61.25

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☐ - CHECK HERE IF MAKING CHANGES -

DOCUMENT # N98000005299	
1. Entity Name MASCOTTE FIRE-RESCUE VOLUNTEER ASSOCIATION, INC.	

Principal Place of Business 529 E. MEYERS BOULEVARD MASCOTTE FL 34753	Mailing Address P.O. BOX 56 MASCOTTE FL 34753
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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 59-3534052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BRASHER, RANDY 529 E. MEYERS BOULEVARD MASCOTTE FL 34753	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DSP <input type="checkbox"/> Delete
NAME	BRASHER, RANDY
STREET ADDRESS	P.O. BOX 56
CITY-ST-ZIP	MASCOTTE FL 34753
TITLE	DVT <input type="checkbox"/> Delete
NAME	RIDGE JR, TONY
STREET ADDRESS	P.O. BOX 56
CITY-ST-ZIP	MASCOTTE FL 34753
TITLE	D <input type="checkbox"/> Delete
NAME	CREECH, RICKY
STREET ADDRESS	P.O. BOX 56
CITY-ST-ZIP	MASCOTTE FL 34753
TITLE	D <input type="checkbox"/> Delete
NAME	ZANELLA, ROBERT
STREET ADDRESS	PO BOX 56
CITY-ST-ZIP	MASCOTTE FL 34753
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE MacPhee III
STREET ADDRESS	P.O. BOX 56
CITY-ST-ZIP	MASCOTTE, FL 34753
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
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.	
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SIGNATURE: <i>Randy Brasher</i>	1/3/03	352-429-4766
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CR2E037 (10/02)