

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002500

1. Entity Name

FANNING SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

114 NORTHEAST FIRST STREET
TRENTON FL 32693

Mailing Address

114 NORTHEAST FIRST STREET
TRENTON FL 32693

2. Principal Place of Business

3. Mailing Address

Post Office Box 308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3650306

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

BURT, THEODORE M
114 NORTHEAST FIRST STREET
TRENTON FL 32693

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 PD
NAME MCQUEEN, RON
STREET ADDRESS 9207 FLORIDA STREET
CITY-ST-ZIP OLD TOWN FL 32680 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Fanning Springs, Florida 32693 ☒ Change ☐ Addition

TITLE VD
NAME HITE, BOB
STREET ADDRESS 7640 N. U.S. 19
CITY-ST-ZIP OLD TOWN FL 32680 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Fanning Springs, FL 32693 ☒ Change ☐ Addition

TITLE STD
NAME KNOWLES, JEANNETTE
STREET ADDRESS 3340 NW CR 341
CITY-ST-ZIP BELL FL 32619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90433 028 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)