

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90036 004 ****61.25

DOCUMENT #

N99000002500

1. Entity Name

Fanning Springs Volunteer Fire Department, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

114 NE First Street

3. Mailing Address

Post Office Box 308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trenton, FL 32693

City & State

Trenton, FL 32693

Zip

32693

Country

Gilchrist

Zip

32693

Country

Gilchrist

4. FEI Number

59-3650306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Burt, Theodore M.

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

114 NE First Street

City

Trenton

FL

Zip Code

32693

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. **PD** OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
McQueen, Ron
9207 Florida Street
Fanning Springs, FL 32693

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Hite, Bob
7640 N US Highway 19
Fanning Springs FL 32693

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Knowles, Jeannette
3440 NW CR 341
Bell LF 32619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E037B (12/01)