

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90056 039 ****61.25

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1. Entity Name

BRYCEVILLE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

**U.S. 301 & C119
BRYCEVILLE FL 32009**

Mailing Address

**P.O. BOX 46
BRYCEVILLE FL 32009**

90007012



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3046878**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOVELESS, TOM
RT 2 BOX 552
BRYCEVILLE FL 32009**

(NEW ADDRESS)

7. Name and Address of New Registered Agent

Name **TOM LOVELESS**

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

6730 LEE LN.

City **BRYCEVILLE**

FL

Zip Code **32009**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURAKER, EUGENE 16 CHURCH AVE 6605 CHURCH AV. E. BRYCEVILLE FL 32009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEREDITH, TROY RT 1 BOX 007 4079 CR 119 BRYCEVILLE FL 32009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTS, SHERRILL RT 1, BOX 399G 1031 RIVER FARMS RD BRYCEVILLE FL 32009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HICKS, JIM 102 CHURCH AVE E 6653 CHURCH AV. E. BRYCEVILLE FL 32009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVELESS, TOM RT 1, BOX 552 6730 LEE LN. BRYCEVILLE FL 32009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, TONY 1716 COUNTRY SIDE RT 1 BOX 3032 ACRES BRYCEVILLE FL 32009	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROGER STATION Director 1278 COUNTRY GIDE ACRES BRYCEVILLE FL 32009	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: **Jim Loveless** ST 1-17-03 904-266-4080

CR2E037 (10/02)