

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90008 043 ****70.00

DOCUMENT # 770635

1. Entity Name

LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

LURAVILLE VFD. INC.
 20510 180TH ST
 LIVE OAK FL 32060-5200
 US

LURAVILLE VFD. INC.
 20510 180TH ST
 LIVE OAK FL 32060-5200
 US

80020758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2863063

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

7. Name and Address of New Registered Agent

GAMBLE, PAUL
18791 168TH ST
MCALPIN FL 32062

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 **P** ☐ Delete
 NAME **LANE, DAVID A**
 STREET ADDRESS **16525 184TH ST**
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **VP** ☒ Delete
 NAME **SMITH, KEN**
 STREET ADDRESS **20947 144TH ST**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **VP** ☒ Change ☐ Addition
 NAME **ALFORD, DAVID SR**
 STREET ADDRESS **15602 221ST RD**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **T** ☐ Delete
 NAME **WADSWORTH, WINNIE**
 STREET ADDRESS **15790 176TH ST**
 CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **D** ☐ Delete
 NAME **HARRISON, CHRIS**
 STREET ADDRESS **14171 176TH ST**
 CITY-ST-ZIP **MCALPIN FL 32062**

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

TITLE **D** ☐ Delete
 NAME **GAMBLE, PAUL**
 STREET ADDRESS **18791 168TH ST**
 CITY-ST-ZIP **MCALPIN FL 32062**

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

TITLE **D** ☐ Delete
 NAME **WADSWORTH, RUSSELL**
 STREET ADDRESS **15790 176TH ST**
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ 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.

SIGNATURE:

David Lane
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

386-776-2843

Daytime Phone #

CR2E037 (9/01)