

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90367 045 \*\*\*\*61.25

**DOCUMENT # 752205**

1. Entity Name  
**RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

**101 GAIL DRIVE  
SAN MATEO FL 32189**

Mailing Address

**U.S. HIGHWAY 17 SOUTH  
P. O. BOX 694  
SAN MATEO FL 32187**

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

**59-1967981**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, ALAN B.  
413 ST. JOHNS AVENUE  
PALATKA FL**

7. Name and Address of New Registered Agent

Name **Robert M. Fields**

Street Address (P.O. Box Number is Not Acceptable)  
**413 St. Johns Ave.**

City **Palatka**

**FL**

Zip Code  
**32177**

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

TITLE **D** ☒ Delete  
NAME **CURRY, ANITA**  
STREET ADDRESS **588 OLD SAN MATEO ROAD**  
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE **SD** ☒ Delete  
NAME **HARRIS, KEVIN**  
STREET ADDRESS **111 PALMLAND DRIVE**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **VP** ☐ Delete  
NAME **NELSON, SANDRA**  
STREET ADDRESS **223 CLEARWATER ROAD**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **D** ☒ Delete  
NAME **MOBLEY, ALAN R**  
STREET ADDRESS **111 COLLWATER AVENUE**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **TD** ☒ Delete  
NAME **KIRBY, DEBBIE**  
STREET ADDRESS **111 PHEASANT ROAD**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE **D** ☒ Delete  
NAME **HARVEY, ALICE**  
STREET ADDRESS **319 SAN MATEO ROAD**  
CITY-ST-ZIP **SAN MATEO FL 32187**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition  
NAME **Thelma C. Kirby**  
STREET ADDRESS **118 Creekside Rd.**  
CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Leilani Tillis**  
STREET ADDRESS **144 Shoreline**  
CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **R. Alan Mobley**  
STREET ADDRESS **102 Edgewater Dr.**  
CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **D** ☒ Change ☐ Addition  
NAME **Tammy Harris**  
STREET ADDRESS **521 (Lot 41) San Mateo Rd.**  
CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **D** ☒ Change ☐ Addition  
NAME **Norma Roy**  
STREET ADDRESS **112 Pineway**  
CITY-ST-ZIP **Satsuma, FL 32189**

TITLE **D** ☒ Change ☐ Addition  
NAME **Francis Bett**  
STREET ADDRESS **101 Waterside Ave.**  
CITY-ST-ZIP **Satsuma, FL 32189**

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: **BELINDA G STEYBE** (386)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **6 MAR 02** Daytime Phone # **325-3420**

CR2E037 (9/01)