

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90207 050 \*\*\*\*70.00

**DOCUMENT # 770635**

1. Entity Name

**LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

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

Mailing Address

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

00011401



2. Principal Place of Business

**Luraville VFD**  
Suite, Apt. #, etc.

3. Mailing Address

**20510 180th St.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Live Oak, Florida**  
Zip **32060** Country **FLORIDA**

City & State

**Live Oak, Florida**  
Zip **32060** Country **FLORIDA**

4. FEI Number **59-2863063**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GAMBLE, PAUL**  
**18791 168TH ST**  
**MCALPIN FL 32062**

7. Name and Address of New Registered Agent

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. 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LANE, DAVID A</b>	
STREET ADDRESS	<b>16525 184TH ST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ALFORD, DAVID SR</b>	
STREET ADDRESS	<b>15602 221 ST RD</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WADSWORTH, WINNIE</b>	
STREET ADDRESS	<b>15790 176TH ST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRISON, CHRIS</b>	
STREET ADDRESS	<b>14171 176TH ST</b>	
CITY-ST-ZIP	<b>MCALPIN FL 32062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAMBLE, PAUL</b>	
STREET ADDRESS	<b>18791 168TH ST</b>	
CITY-ST-ZIP	<b>MCALPIN FL 32062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WADSWORTH, RUSSELL</b>	
STREET ADDRESS	<b>15790 176TH ST</b>	
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**1-7-03 386-776-1653**

CR2E037 (10/02)