

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700973

1. Entity Name

SEFFNER-MANGO VOLUNTEER FIRE DEPARTMENT, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90196 013 ****61.25

Principal Place of Business

Mailing Address

1706 S KINGSWAY AVE.
SEFFNER FL 33584-5348
US

P O BOX 447
SEFFNER FL 33583-0447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3015478

Applied For

Not Applicable

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

BRADLEY, J. PRICE
1113 MELROSE
SEFFNER FL 33584

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	<input type="checkbox"/> Delete
NAME	PRICE, BRAD J.	
STREET ADDRESS	1113 MELROSE	
CITY-ST-ZIP	SEFFNER, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRICE, HENRY T. SR.	
STREET ADDRESS	603 W WHEELER RD.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, GRANT E	
STREET ADDRESS	1009 N PARSONS	
CITY-ST-ZIP	BRANDON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRICE, BEVERLY	
STREET ADDRESS	113 MELROSE	
CITY-ST-ZIP	SEFFNER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEATTY, CHRIST	
STREET ADDRESS	9336 EDEN DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VALENTIN, ELI	
STREET ADDRESS	1343 EAGLEVIEW DR	
CITY-ST-ZIP	BRANDON FL 33510	

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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ERICK M.	
STREET ADDRESS	604 LAWS LANE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTILLO, HECTOR	
STREET ADDRESS	5502 N 43RD ST	
CITY-ST-ZIP	TPA - FL 33610	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELASQUEZ, RAUL	
STREET ADDRESS	5502 N 43RD ST	
CITY-ST-ZIP	TPA, FL 33610	

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*

1-4-00 813689-1427

CR2E037 (9/99)