

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90105 049 ****61.25

DOCUMENT # 700973

1. Entity Name

SEFFNER-MANGO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

1706 S KINGSWAY AVE.
 SEFFNER FL 33584-5348
 US

Mailing Address

P O BOX 447
 SEFFNER FL 33583-0447



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

59-3015478

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

**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** ☐ Delete
 NAME **PRICE, BRAD J.**
 STREET ADDRESS **1113 MELROSE**
 CITY-ST-ZIP **SEFFNER, FL 00000**

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

TITLE **TD** ☐ Delete
 NAME **PRICE, HENRY T. SR.**
 STREET ADDRESS **603 W WHEELER RD.**
 CITY-ST-ZIP **SEFFNER FL**

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

TITLE **D** ☐ Delete
 NAME **PRICE, ERICK M**
 STREET ADDRESS **604 LAWS LANE**
 CITY-ST-ZIP **SEFFNER FL 33584**

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

TITLE **SD** ☐ Delete
 NAME **PRICE, BEVERLY**
 STREET ADDRESS **113 MELROSE**
 CITY-ST-ZIP **SEFFNER FL**

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

TITLE **D** ☐ Delete
 NAME **CASTILLO, HECTOR**
 STREET ADDRESS **5502 N 43RD ST**
 CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE **VPD** ☒ Delete
 NAME **VELASQUEZ, RAUL**
 STREET ADDRESS **5502 N 43 ST APT 302**
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **CHRISTOPHER M. BEATTY**
 STREET ADDRESS **2209 ELISE MARIA PR**
 CITY-ST-ZIP **SEFFNER, FL 33584**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 names like empowered.

SIGNATURE:

HENRY T. PRICE SR
SIGNATURE REQUIRED

1-2-01

813-689-1427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)