

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90120 006 ****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**

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 **59-3015478**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	PRICE, BRAD J.	1113 MELROSE	SEFFNER, FL 00000				
TD	PRICE, HENRY T. SR.	603 W WHEELER RD.	SEFFNER FL				
D	PRICE, ERICK M	604 LAWS LANE	SEFFNER FL 33584	VPR	SCOTT OTTmer	107 NITA DR.	Seffner FL 33584
SD	THOMPSON, LESLIE D	303 MAGNOLIA LANE	TAMPA FL 33610				
D	CASTILLO, HECTOR	5502 N 43RD ST	TAMPA FL 33610				
D	VAN ETEN, ROBERT S	208 CLAIRE DR.	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(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03/813-684 8662

CR2E037 (10/02)