

2002 UNIFORM BUSINESS REPORT (UBR)

0000616

DOCUMENT # 709305

1. Entity Name

MICANOPY FIRE DEPT., INC.

Principal Place of Business

704 N.E. CHOLOKKA BLVD.
P O BOX 409
MICANOPY FL 32667-0409
US

Mailing Address

PO BOX 409
MICANOPY FL 32667-0409
US

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

59-1285912

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

TALLEY, JOSEPH P
7016 SE 176TH STREET
HAWTHORNE FL 32640

Name

WADE C JONES

Street Address (P.O. Box Number is Not Acceptable)

3521 NW 104 DRIVE

City

GAINESVILLE

FL

Zip Code

32606

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

After September 13, 2002,
min. will be \$236.25.

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 D ☒ Delete
NAME IRWIN, PHILIP
STREET ADDRESS 353 EESTAUWKEE AVE
CITY-ST-ZIP MICANOPY FL 32667

TITLE DPT ☐ Change ☒ Addition
NAME WADE C JONES
STREET ADDRESS 3521 NW 104 DR
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ Delete
NAME TAYLOR, ROBERT SR.
STREET ADDRESS 911A NE CHOLOKKA BLVD
CITY-ST-ZIP MICANOPY FL 32667

TITLE D ☐ Change ☒ Addition
NAME MURREL LIVERMAN
STREET ADDRESS 9023 SE 225 DRIVE
CITY-ST-ZIP HAWTHORNE, FL. 32640

TITLE DPT ☒ Delete
NAME TALLEY, JOSEPH P
STREET ADDRESS 7016 SE 176TH STREET
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE D ☐ Change ☒ Addition
NAME JESSE MODICAN
STREET ADDRESS 2260 NW 37 PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

10/08/02

(352)466-3741

CR2E037 (4/02)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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