

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714461

1. Entity Name

THE SPRINGHEAD VOLUNTEER FIRE DEPARTMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 1:38

Principal Place of Business

4503 CORONET RD.
PLANT CITY FL 33566-8612

Mailing Address

4503 CORONET RD.
PLANT CITY FL 33566-8612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7295052

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, C. DAVID JR.
2505 S. WIGGINS ROAD
PLANT CITY FL 33566

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.

SIGNATURE

C. David Brown Jr.
Signature, typed or printed name of registered agent and title if applicable

C. David Brown Jr.
(NOTE: Registered Agent signature required when reinstating)

9/18/00
DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 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

TITLE FCD ☐ Delete
NAME BROWN, C. DAVID JR.
STREET ADDRESS S. WIGGINS, RD.
CITY-ST-ZIP PLANT CITY FL

TITLE PD ☐ Delete
NAME JOHNSON, LARRY E
STREET ADDRESS 3008 WILLOW DR. SOUTH
CITY-ST-ZIP PLANT CITY FL

TITLE TD ☐ Delete
NAME HANCOCK, DOROTHY B
STREET ADDRESS 3108 MEDULLA RD
CITY-ST-ZIP PLANT CITY FL

TITLE SD ☐ Delete
NAME WENDT, DEREK V.
STREET ADDRESS 3009 S WILLOW DR
CITY-ST-ZIP PLANT CITY FL

TITLE PD ☐ Delete
NAME SMITH, BETH
STREET ADDRESS 3004 N PINEWAY DR
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 600003483506--0
STREET ADDRESS -12/04/00--01001--015
CITY-ST-ZIP *****61.25 *****61.25

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

TITLE ☐ Change ☐ Addition
NAME 600003483506--0
STREET ADDRESS -12/04/00--01001--016
CITY-ST-ZIP *****175.00 *****175.00

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

TITLE ☐ Change ☐ Addition
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:

C. David Brown Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)