

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # 716592

1. Entity Name

BASSVILLE PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

11305 PARK AVENUE  
LEESBURG FL 34788

Mailing Address

11305 PARK AVENUE  
LEESBURG FL 34788-4439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WHITING, DONNA P  
11145 MOORE ST  
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name Chad M Williamson  
Street Address (P.O. Box Number is Not Acceptable)  
7312 Harborview Dr

City Leesburg

FL

Zip Code 34788

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

Chad M Williamson  
Signature, typed or printed name of registered agent and title if applicable.

Treasurer

(NOTE: Registered Agent signature required when reinstating)

1-24-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITING, DONNA P	
STREET ADDRESS	11145 MOORE ST	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WHITING, DONNA	
STREET ADDRESS	11145 MOORE ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DUTY, LINDA	
STREET ADDRESS	603 E. ROSEWOOD LN	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NOLETTE, MARK	
STREET ADDRESS	33025 JODEE CT	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President <input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	mark Nolette	
STREET ADDRESS	33025 JODEE CT	
CITY-ST-ZIP	Leesburg FL 34788	
TITLE	Vice President <input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC Palmer	
STREET ADDRESS	34316 OAK AVE	
CITY-ST-ZIP	Leesburg FL 34788	
TITLE	Treasurer <input checked="" type="checkbox"/> D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chad Williamson	
STREET ADDRESS	7312 Harborview Dr	
CITY-ST-ZIP	Leesburg FL 34788	
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		

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:

Chad M Williamson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 17, 2000 8:00 am  
Secretary of State

01-29-2000 90029 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2385138

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required