

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721076

1. Entity Name

NARCOOSSEE VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90039 044 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 821
ST CLOUD FL 34770-0821

P.O. BOX 821
ST CLOUD FL 34770

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

59-2468619

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

LUCEY, DAVID
1305 SOUTH LAKE AVENUE
ST. CLOUD FL 34771

Name

Clay Albert Freitag

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

5594 Oesterl Rd

City

St. Cloud

FL

Zip Code

34771

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

5-31-2000

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 D ☒ Delete
NAME SKIPPER, JIMMY
STREET ADDRESS 5945 JACK BRANCHE RD
CITY-ST-ZIP SAINT CLOUD FL 34771

TITLE D ☐ Change ☒ Addition
NAME Ronnie Lee Prather
STREET ADDRESS 2360 Absher Road
CITY-ST-ZIP St. Cloud, FL 34771

TITLE D ☒ Delete
NAME STEELE, DAVID A
STREET ADDRESS 810 N NARCOOSSEE RD
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE D ☐ Change ☒ Addition
NAME Clay Albert Freitag
STREET ADDRESS 5594 Oesterl Road
CITY-ST-ZIP St. Cloud, FL 34771

TITLE D ☒ Delete
NAME PRATHER, TERRY
STREET ADDRESS 5471 JONES RD
CITY-ST-ZIP ST CLOUD FL

TITLE D ☐ Change ☒ Addition
NAME Michael Paul Yarwood
STREET ADDRESS 4970 Tusculum Ave.
CITY-ST-ZIP St. Cloud, FL 34771

TITLE D ☒ Delete
NAME FISCHER, RUSS
STREET ADDRESS 5365 JONES RD
CITY-ST-ZIP ST CLOUD FL

TITLE D ☐ Change ☒ Addition
NAME Thomas Lee Collier
STREET ADDRESS 875 Ottawa Dr.
CITY-ST-ZIP St. Cloud, FL 34771

TITLE D ☒ Delete
NAME PRATHER, BUDDY
STREET ADDRESS 5475 JONES RD
CITY-ST-ZIP ST CLOUD FL

TITLE D ☐ Change ☒ Addition
NAME Terry Prather
STREET ADDRESS 5471 Jones Rd
CITY-ST-ZIP St. Cloud, FL 34771

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-31-2000

407-892-7911

CR2E037 (9/99)