7/31/01-90240-017-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 25 PM 12:00

DOCUMENT # 721076

1. Entity Name

NARCOOSSEE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 821 ST CLOUD FL 34770-0821	P.O. BOX 821 ST CLOUD FL 34770-0821

D0060084

DO NOT WRITE IN THIS SPACE

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
FREITAG, CLAY ALBERT 5594 ORSTER 1 RD ST. CLOUD FL 34771	Name: Bo Jones Street Address (P.O. Box Number is Not Acceptable): 1918 Ashley Oak Ct. City: St.Cloud, FL Zip Code: 43771

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: B. J. 8/10/01

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☑ Delete	TITLE	D Commisioner ☐ Change ☒ Addition
NAME	PRATHER, RONNIE LEE	NAME	Russ Fischer
STREET ADDRESS	2360 ABSHER RD	STREET ADDRESS	5365 Jones Road
CITY-ST-ZIP	SAINT CLOUD FL 34771	CITY-ST-ZIP	St.Cloud,Fl 34771
TITLE	D ☑ Delete	TITLE	D Commisioner ☐ Change ☒ Addition
NAME	FREITAG, CLAY ALBERT	NAME	Michael Hill
STREET ADDRESS	5594 OESTER 1 RD	STREET ADDRESS	1608 Delaware Ave.
CITY-ST-ZIP	ST. CLOUD FL 34771	CITY-ST-ZIP	St.Cloud,FL 34769
TITLE	D ☑ Delete	TITLE	D Commisioner ☐ Change ☒ Addition
NAME	YARWOOD, MICHAEL P	NAME	Ron Herrick
STREET ADDRESS	4970 TUSCAUROA AVE	STREET ADDRESS	2774 Shannin Dr.,
CITY-ST-ZIP	SAINT CLOUD FL 34771	CITY-ST-ZIP	St.Cloud,FL 34771
TITLE	D ☐ Delete	TITLE	D Commisioner ☐ Change ☒ Addition
NAME	COLLIER, THOMAS L	NAME	Bo Jones
STREET ADDRESS	875 OTTAWA DR	STREET ADDRESS	1918 Ashley Oak Ct.
CITY-ST-ZIP	SAINT CLOUD FL 34771	CITY-ST-ZIP	St.Cloud,FL 34771
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	PRATHER, TERRY	NAME	
STREET ADDRESS	5471 JONES RD	STREET ADDRESS	
CITY-ST-ZIP	SAINT CLOUD FL 34771	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	SP

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 — 407-892-8678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)