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

D0060084

DO NOT WRITE IN THIS SPACE

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

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

FREITAG, CLAY ALBERT
5594 ORSTER 1 RD
ST. CLOUD FL 34771

7. Name and Address of New Registered Agent

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: Bo J DATE: 8/10/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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)