

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90132 006 \*\*\*\*61.25

**DOCUMENT # 721076**

1. Entity Name

**NARCOOSSEE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

**5030 YUKON AVE.  
SAINT CLOUD FL 34771**

Mailing Address

**5030 YUKON AVE.  
SAINT CLOUD FL 34771**

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

**PRATHER, RONNIE  
2360 ABSHER RD.  
ST. CLOUD FL 34771**

7. Name and Address of New Registered Agent

Name **Michael P. Hill**

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

**1608 Delaware Ave.**

City **St. Cloud**

**FL**

Zip Code **34769**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael P. Hill*

**7-7-03**

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, RUSS	
STREET ADDRESS	5365 JONES ROAD	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HILL, MICHAEL	
STREET ADDRESS	1608 DELAWARE AVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HERRICK, RON	
STREET ADDRESS	2774 SHANNIN DR	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JONES, BO	
STREET ADDRESS	1918 ASHLEY OAK CT	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PRATHER, RONNIE	
STREET ADDRESS	2360 ABSHER RD	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franklin Scott Sever	
STREET ADDRESS	2510 Zuni Rd.	
CITY-ST-ZIP	St. Cloud, FL 34771	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Groover	
STREET ADDRESS	18156 10th St.	
CITY-ST-ZIP	St. Cloud, FL 34771	
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:

*SIGNATURE REQUIRED*

**7-7-03**

**407-842-7411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)