

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 721420**

1. Entity Name

**TRI-COUNTY VOLUNTEER FIRE DEPT., INC.****FILED****Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90127 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

FORBES ST.  
P. O. BOX 164  
NOBLETON FL 34661FORBES ST.  
P. O. BOX 164  
NOBLETON FL 34661-0164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1692277**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARLSON, FREDRICK S**  
**9116 CR 64705**  
**BUSHNELL FL 33513**

Name

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

City

**FL**

Zip Code

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

**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 PD ☐ Delete  
NAME SHARP, ORVILLE  
STREET ADDRESS 12934 FORBES ST  
CITY-ST-ZIP NOBLETON FL 34661TITLE VD ☒ Delete  
NAME SHARP, ORVILLE  
STREET ADDRESS 12934 FORBES ST  
CITY-ST-ZIP NOBLETON FLTITLE SD ☐ Delete  
NAME HUGHEY, JAMES H.  
STREET ADDRESS 9324 CR 647 B  
CITY-ST-ZIP BUSHNELL FL 33513TITLE VD ☐ Delete  
NAME DELASCHMIT, ELAINE  
STREET ADDRESS 8531 CR-638  
CITY-ST-ZIP BUSHNELL FL 33513TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 of Fredrick S. Carlson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 00

Date

352-726-5212

Daytime Phone #