

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721855

1. Entity Name

HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, I

Principal Place of Business

23621 N.E. 160TH AVE. ROAD  
FT. MCCOY FL 32134  
US

Mailing Address

PO BOX 248  
FT. MCCOY FL 32134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CLARK, RAYMOND L  
15434 NE 232 LN  
FT MCCOY FL 32134

7. Name and Address of New Registered Agent

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

TITLE D  
NAME OCHU, WILLIAM  
STREET ADDRESS 19952 NE 142ND AVE  
CITY-ST-ZIP FT MCCOY, FL 00000 ☐ Delete

TITLE SD  
NAME O'BERRY, JOAN K  
STREET ADDRESS 20780 NE 146 TERR  
CITY-ST-ZIP FT MCCOY, FL 00000 ☐ Delete

TITLE D  
NAME HURLEY, JUANITA  
STREET ADDRESS 17565 NE 246 ST  
CITY-ST-ZIP FT MCCOY FL ☐ Delete

TITLE TD  
NAME O'BERRY, JERRY P  
STREET ADDRESS 20780 NE 146 TERR  
CITY-ST-ZIP FT MCCOY FL ☐ Delete

TITLE VD  
NAME FOY, SHARON  
STREET ADDRESS 14695 NE 206 PLACE  
CITY-ST-ZIP FT MCCOY, FL 00000 ☐ Delete

TITLE D  
NAME LORAH, EDWARD R  
STREET ADDRESS 14932 NE 215TH LAN  
CITY-ST-ZIP FT MCCOY, FL 00000 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition  
NAME OCHU, WILLIAM  
STREET ADDRESS 19952 NE 142ND AVE  
CITY-ST-ZIP FT MCCOY, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME FOY, SHARON  
STREET ADDRESS 14695 NE 206 PLACE  
CITY-ST-ZIP FT MCCOY, FL 00000

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:

JOAN K O'BERRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY-JOAN K O'BERRY

APR. 4, 2001

Date

Daytime Phone #

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90065 038 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)

0009248