

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

03-24-2002 90064 047 ****61.25

DOCUMENT # 721855

1. Entity Name

HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, I NC.

Principal Place of Business

Mailing Address

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

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

4. FEI Number

NOT APPLICABLE

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

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

Name **O'BERRY, JERRY P. (P/D)**
 Street Address (P.O. Box Number is Not Acceptable)
20780 NE 146 TERRACE
FORT MCCOY,
 City **FL** Zip Code **32134**

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 *Jerry P. O'Berry*
 Signature typed or printed name of registered agent and title if applicable.

JERRY P. O'BERRY PRES./DIR. AUG. 1, 2002
 (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

Fee Paid already

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **CLARK, RAYMOND L.**
 STREET ADDRESS **15434 NE 232 LANE**
 CITY-ST-ZIP **FT. MCCOY, FL 32134**

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

TITLE **STD** ☒ Change ☐ Addition
 NAME **O'BERRY, JOAN K.**
 STREET ADDRESS **20780 NE 146 TERRACE**
 CITY-ST-ZIP **FT. MCCOY, FL 32134**

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

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

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **O'BERRY, JERRY P**
 STREET ADDRESS **20780 NE 146 TERRACE**
 CITY-ST-ZIP **FT. MCCOY, FL 32134**

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

TITLE **D** ☒ Change ☐ Addition
 NAME **OCHU, WILLIAM**
 STREET ADDRESS **19952 NE 142 AVE.**
 CITY-ST-ZIP **FT. MCCOY, FL 32134**

TITLE **D** ☐ Delete
 NAME **LORAH, EDWARD R**
 STREET ADDRESS **14932 NE 215TH LAN**
 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* **JOAN K. O'BERRY, SEC/TREAS 8/1/02 (352) 546-1052**

CR2E037 (4/02)



Attachment

40977

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

March 28, 2002

HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.
PO BOX 248
FT. MCCOY, FL 32134 US

Subject: HOG VALLEY VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.

Reference Number: 721855

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/gs
ANNUAL REPORTS SECTION

Note - Secretary
never rec'd this letter
- was found on the
Fire Chief's desk
on July 31st.
Thanks
- J O'Berry

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314