

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90004 050 ****61.25

DOCUMENT # 725348

1. Entity Name

SPARR VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

13323 JACKSONVILLE ROAD
 SPARR FL 32192
 US

P.O. BOX 113
 SPARR FL 32192-0113
 US

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2498252

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

OAKLEY, RICHARD (RICH)
2991 N.E. 161ST PLACE
CITRA FL 32113

Name **Williams S. Thoroman**
 Street Address (P.O. Box Number is Not Acceptable)
13441 N.E. 33RD AVE.
 City **ANTHONY -** FL Zip Code **32167**

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 *William S. Thoroman* **Chief**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

2-8-00
 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	<input checked="" type="checkbox"/> Delete
NAME	THOROMAN, WILLIAMS S	
STREET ADDRESS	13441 N.E. 33RD AVENUE	
CITY-ST-ZIP	ANTHONY FL 32167	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAWS, LESTER	
STREET ADDRESS	2986 N.E. 164TH ST.	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAZUR, LENNY	
STREET ADDRESS	1820 NE 162ND ST	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WENTWAY, CHARLES J	
STREET ADDRESS	4251 N E 138 PLACE	
CITY-ST-ZIP	ANTHONY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAZUR, MARGARET	
STREET ADDRESS	2061 N.E. 39TH STREET	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARY E PEREZ	
STREET ADDRESS	13546 NE 387TH AVE	
CITY-ST-ZIP	SPARR FL 32192	

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE NELSON	
STREET ADDRESS	3790 N.E. 138TH PL.	
CITY-ST-ZIP	SPARR-FL-32192 (P.O. Box 88)	
TITLE	AUX. ADY.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT WENTWAY	
STREET ADDRESS	2809 SE 30TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
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		
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: *William S. Thoroman*

2-8-00 352-620-9167

CR2E037 (9/99)