

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90663 010 ****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

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

59-2498252

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

MASOR, LEONARD T SR
 1820 NE 162ND STREET
 SPAER FL 32192

Name **RONNIE KNOWLES**

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

3090 137TH PLACE N.W.

REDDICK, FL 32686 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

Ronnie Knowles *Ronnie Knowles Chief*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-06-2002

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 **P** ☒ Delete
 NAME **VALEW, LINDA**
 STREET ADDRESS **3790 NE 138 PL**
 CITY-ST-ZIP **SPARR FL 32192**

TITLE **STEVEN HUNTER** ☒ Change ☐ Addition
 NAME **3690 N.E. 138th Pl.**
 STREET ADDRESS **SPARR-FL 32192**
 CITY-ST-ZIP

TITLE **AA** ☐ Delete
 NAME **WENTWAY, PAT**
 STREET ADDRESS **2809 SE 36TH ST**
 CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **VD** ☒ Delete
 NAME **KNOWLES, RONNIE**
 STREET ADDRESS **3090 137TH PLACE NW**
 CITY-ST-ZIP **REDDICK FL 32686**

TITLE **LINDA VALEW** ☒ Change ☐ Addition
 NAME **1344 N.E. 33rd Ave.**
 STREET ADDRESS **Anthony, FL 32167**
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **WENTWAY, CHARLES J**
 STREET ADDRESS **4251 N E 138 PLACE**
 CITY-ST-ZIP **ANTHONY FL**

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

TITLE **SD** ☐ Delete
 NAME **MAZUR, MARGARET**
 STREET ADDRESS **2061 N.E. 39TH STREET**
 CITY-ST-ZIP **OCALA FL 34479**

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

TITLE **TD** ☐ Delete
 NAME **MARY E PEREZ**
 STREET ADDRESS **13546 NE 387TH AVE**
 CITY-ST-ZIP **SPARR FL 32192**

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:

Ronnie Knowles

Ronnie Knowles Chief

3-6-2002

352 391-4620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)