

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729474

1. Entity Name

CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90044 049 ****61.25

Principal Place of Business

9515 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434
US

Mailing Address

9515 N. CITRUS SPRINGS BLVD.
CITRUS SPRINGS FL 34434
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

23-7378553

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

MCCARLEY, CLIFF
2143 W GREENWAY PL
CITRUS SPRINGS FL 34434

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
After September 13, 2000 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MCCARLEY, CLIFF**
STREET ADDRESS **2143 W GREENWAY PL**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

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

TITLE **S** ☒ Delete
NAME **MUTKO, DOUG S**
STREET ADDRESS **5157 N CORALWOOD**
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **S** ☒ Change ☐ Addition
NAME **DAVE DONAHUE**
STREET ADDRESS **9570 N COLONIAL DR**
CITY-ST-ZIP **CITRUS SPRINGS, FL 34434**

TITLE **D** ☒ Delete
NAME **THOMAS, ALEX R.**
STREET ADDRESS **2393 WEST FAIRWAY LOOP**
CITY-ST-ZIP **CITRUS SPRGS, FL 00000**

TITLE **D** ☒ Change ☐ Addition
NAME **MERRIL HAWKINS**
STREET ADDRESS **9353 N CITRUS SPRINGS BLVD**
CITY-ST-ZIP **CITRUS SPRINGS, FL 34434**

TITLE **TD** ☐ Delete
NAME **KING, NORMAN**
STREET ADDRESS **2395 SNOWY EGRET PLACE**
CITY-ST-ZIP **CITRUS SPRINGS FL**

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

TITLE **D** ☐ Delete
NAME **GLAZER, MARY**
STREET ADDRESS **9139 N HAWKWEED DRIVE**
CITY-ST-ZIP **CITRUS SPRINGS FL 34433**

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

TITLE **D** ☒ Delete
NAME **RIENSTRA, JOHN**
STREET ADDRESS **9036 N ARCADIA DRIVE**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE **D** ☒ Change ☐ Addition
NAME **KRISTIAN SLOANE**
STREET ADDRESS **1868 W RUTLAND DR.**
CITY-ST-ZIP **CITRUS SPRINGS, FL 34434**

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:

NORMAN KING TO

7-24-2000 352-489-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #