

# 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



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

23-7378553

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARLEY, CLIFF  
 2143 W GREENWAY PL  
 CITRUS SPRINGS FL 34434

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**  
**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 #