

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0078047

DOCUMENT # 729474

1. Entity Name

CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.

04-04-2001 90141 036 ****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

LUU42013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

23-7378553

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

MCCARLEY, CLIFF
2143 W GREENWAY PL
CITRUS SPRINGS FL 34434

7. Name and Address of New Registered Agent

Name

CHRIS DOZIER

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

2871 W. CRYPESS DR

City

DUNNELLON

FL

Zip Code

34433

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

Chris Dozier PPE.

4-2-01

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**

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

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

TITLE **S** ☒ Delete
 NAME **DONAHUE, DAVE**
 STREET ADDRESS **9570 N COLONIAL DR**
 CITY-ST-ZIP **DUNNELLON FL 34434**

TITLE **D** ☐ Delete
 NAME **HAWKINS, MERRIL**
 STREET ADDRESS **9353 N CITRUS SPGS BLVD**
 CITY-ST-ZIP **CITRUS SPGS FL 34434**

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

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

TITLE **D** ☐ Delete
 NAME **SLOANE, KRITIAN**
 STREET ADDRESS **1868 W RUTLAND DR**
 CITY-ST-ZIP **CITRUS SPGS FL 34434**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **CHRIS DOZIER**
 STREET ADDRESS **2871 W. CRYPESS DR**
 CITY-ST-ZIP **DUNNELLON, FL. 34433**

TITLE **SEC.** ☒ Change ☐ Addition
 NAME **MARLENE PETELLAT**
 STREET ADDRESS **61-73 N. RED FERN TER.**
 CITY-ST-ZIP **BEVERLY HILLS FL. 34445**

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-489-4583

CR2E037 (10/00)