

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

Mailing Address

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

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

LUU42013



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

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

MCCARLEY, CLIFF
2143 W GREENWAY PL
CITRUS SPRINGS FL 34434

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.

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

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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	<input checked="" type="checkbox"/> Delete
NAME	MCCARLEY, CLIFF	
STREET ADDRESS	2143 W GREENWAY PL	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DONAHUE, DAVE	
STREET ADDRESS	9570 N COLONIAL DR	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, MERRIL	
STREET ADDRESS	9353 N CITRUS SPGS BLVD	
CITY-ST-ZIP	CITRUS SPGS FL 34434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KING, NORMAN	
STREET ADDRESS	2395 SNOWY EGRET PLACE	
CITY-ST-ZIP	CITRUS SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLAZER, MARY	
STREET ADDRESS	9139 N HAWKWEED DRIVE	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOANE, KRITIAN	
STREET ADDRESS	1868 W RUTLAND DR	
CITY-ST-ZIP	CITRUS SPGS FL 34434	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS DOZIER	
STREET ADDRESS	2871 W. CRYPESS DR	
CITY-ST-ZIP	DUNNELLON, FL. 34433	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE PETELLAT	
STREET ADDRESS	6173 N. REDFERN TER.	
CITY-ST-ZIP	BEVERLY HILLS FL. 34445	
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:

NORMAN KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-489-4583

CR2E037 (10/00)