

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90048 002 ****61.25

DOCUMENT # 729474

1. Entity Name

CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.

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**

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

**DOZIER, CHRIS
 2871 W CYPRESS DR
 DUNNELLON FL 34433**

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

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 **DOZIER, CHRIS**
 STREET ADDRESS **2871 W CYPRESS DR**
 CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **PETELLAT, MARLENE**
 STREET ADDRESS **L173 N REDFERN TR**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **SLOANE, KRITIAN**
 STREET ADDRESS **1868 W RUTLAND DR**
 CITY-ST-ZIP **CITRUS SPGS FL 34434**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NO SIGNATURE REQUIRED **NORMAN KING** 1-8-02-3574894583

UBR/UBR

CR2E037 (9/01)