

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729474

1. Entity Name

CITRUS SPRINGS VOLUNTEER FIRE COMPANY, INC.

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

01-14-2002 90048 002 ****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

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

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

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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)