

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732513

1. Entity Name

DE ROSA PLAZA VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business

10165 N. CITRUS AVENUE
CRYSTAL RIVER FL 34428
US

Mailing Address

10165 N. CITRUS AVENUE
CRYSTAL RIVER FL 34428
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

59-1632369

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

STEVENS, HEATHER
11110 N WAHOO TR
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

Heather Stevens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/03/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BIGBEE, ED
7014 N GOLDFEAF PT
DUNNELLON FL 34433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
POTTER, LANCE
6751 W MCNAIR
DUNNELLON FL 34433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Pruitt, Skye
10165 N. Citrus Ave.
Crystal River, FL 34428 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
EVANOSKI, LISA
8290 ERIN DR
CRYSTAL RIVER FL 34428 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Sanger, Melissa
10165 N Citrus Ave
Crystal River, FL 34428 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HICKS, HEATHER
2049 W. MOST LN
CITRUS SPRINGS FL 34434 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
STEVENS, HEATHER
11110 N WAHOO TR
DUNNELLON FL 34433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Heather Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/01

CR2E037 (10/00)