

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90041 047 ****61.25

DOCUMENT # 732587

1. Entity Name

ORANGE SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

P. O. BOX 5
 P O BOX 5
 ORNAGE SPRINGS FL 32182

P. O. BOX 5
 P O BOX 5
 ORNAGE SPRINGS FL 32182-0005

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 **59-1921144**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL | Zip Code

SENSERVIG, BEVERLY D
11515 N E 225TH PL
ORANGE SPRINGS FL 32182

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

Beverly D Senservig

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

NOTE: Registered Agent signature required when reinstating)

01-25-00

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 Delete
 NAME **CARPENTER, AUDREY**
 STREET ADDRESS **22696 N E 130TH COURT ROAD**
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **HANCOCK, BUFORD**
 STREET ADDRESS **11515 N E 225TH ST**
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **KAHL, PATTY**
 STREET ADDRESS **22056 N E 130TH RD**
 CITY-ST-ZIP **ORANGE SPRINGS FL 32182**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
 NAME **SENSERVIG, EUGENE**
 STREET ADDRESS **11515 NE 225TH PLACE**
 CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Beverly D Senservig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

898-2536 Be
546-4162

Daytime Phone #