2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # 732707 Secretary of State** 1. Entity Name 02-01-2001 90060 024 ****61.25 THE OZELLO VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address DEPT 14300 W. OZELLO TRAIL DEPT 14300 W. OZELLO TRAIL **CRYSTAL RIVER FL 34429** CRYSTAL RIVER FL 34429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2889102 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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) POTTER STEVE 14300 W OZELLO TRAIL CRYSTAL RIVER FL 34429 Zip Code City 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) **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. \Box Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Addition Dalete **POTTER STEVE** NAME NAME STREET ADDRESS 14300 W OZELLO TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CRYSTAL RIVER FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE POTTER STEVE NAME 14300 W. OZELLO TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429** Addition TITLE ☐ Delete TITLE ☐ Change CHEVIS, JAMES NAME NAME STREET ADDRESS 13562 BROOKVEIW LN STREET ADDRESS CITY-ST-ZIP **CRYSTAL RIVER FL 34429** CITY-ST-ZIP ☐ Addition TITLE Delete Change CROFT, ERNEST STREET ADDRESS 2279 S FERNDALE PT STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition CHEVIS, JAMES NAME NAME 13562 BROOKVIEW LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KELLER, TODD NAME NAME STREET ADDRESS 2011 S. SCOONER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

SIGNATURE

changed, or on an attachment with an address, with all oth

SENATURE AND TYPED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

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Daytime Phone #

FILED