

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732707

1. Entity Name

THE OZELLO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

DEPT 14300 W. OZELLO TRAIL
CRYSTAL RIVER FL 34429

Mailing Address

DEPT 14300 W. OZELLO TRAIL
CRYSTAL RIVER FL 34429

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

59-2889102

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

POTTER STEVE

14300 W. OZELLO TRAIL
CRYSTAL RIVER FL 34429

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 STEVE POTTER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/02

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 DP
STREET ADDRESS POTTER STEVE
CITY-ST-ZIP 14300 W OZELLO TRAIL
CRYSTAL RIVER FL

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS JANET HARNOLD
CITY-ST-ZIP 10240 W. OZELLO TRAIL
CRYSTAL RIVER, FL. 34429

TITLE ☐ Delete
NAME T
STREET ADDRESS POTTER STEVE
CITY-ST-ZIP 14300 W. OZELLO TRAIL
CRYSTAL RIVER FL 34429

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

TITLE ☐ Delete
NAME V
STREET ADDRESS CHEVIS, JAMES
CITY-ST-ZIP 13562 BROOKVIEW LN
CRYSTAL RIVER FL 34429

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

TITLE ☒ Delete
NAME D
STREET ADDRESS CROFT, ERNEST
CITY-ST-ZIP 2279 S FERNDAL PT
CRYSTAL RIVER FL 34429

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CHEVIS, JAMES
CITY-ST-ZIP 13562 BROOKVIEW LN
CRYSTAL RIVER FL 34429

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

TITLE ☒ Delete
NAME TR
STREET ADDRESS KELLER, TODD
CITY-ST-ZIP 2011 S. SCOONER DR.
CRYSTAL RIVER FL 34429

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 another like empowered.

SIGNATURE: STEVE POTTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

Daytime Phone #

CR2E037 (9/01)

0097440