

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733797

1. Entity Name

CROOM-A-COOCHIEE VOLUNTEER FIRE DEPT., INC.

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90005 010 ****61.25

Principal Place of Business

Mailing Address

12042 CR 684
WEBSTER FL 33597
US

12166 SW 46TH ST
WEBSTER FL 33597
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

59-2365978

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

MESSER, TOMMY
12166 SW 46TH ST
WEBSTER FL 33597

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 DS ☒ Delete
NAME IMAN, ERICKA
STREET ADDRESS PO BOX 2052
CITY-ST-ZIP BUSHNELL FL 33513

TITLE DS ☒ Change ☐ Addition
NAME Sherry Rogers
STREET ADDRESS 4484 C.R. 691
CITY-ST-ZIP Webster, FL 33597

TITLE TD ☐ Delete
NAME ANDES, MARY
STREET ADDRESS 12604 CR 681
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE DEX ☐ Delete
NAME OGILVIE, MARIA F
STREET ADDRESS 4512 CR 656
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE DEX ☐ Delete
NAME YOUNG, BEATRICE
STREET ADDRESS 12327 CR 684
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE D ☐ Delete
NAME PLYMESSER, JOHN
STREET ADDRESS 4471 SW 129 BLVD
CITY-ST-ZIP WEBSTER FL 33597

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

TITLE D ☐ Delete
NAME SEESE, ANDREW J
STREET ADDRESS 12344 CR 684
CITY-ST-ZIP WEBSTER FL 33597

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: Mary Andes REQUIRED Mary Andes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

352.793.2315x256

Date

Daytime Phone #

CR2E037 (9/01)