

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90243 019 ****70.00

DOCUMENT # 735998

1. Entity Name

NOMA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**MAIN STREET
P.O. BOX 160
NOMA FL 32452**

Mailing Address

**MAIN STREET
P.O. BOX 160
NOMA FL 32452**

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

59-1969824

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, DWAYNE
3487 1ST AVE ST
BONIFAY FL 32425**

7. Name and Address of New Registered Agent

Name

Willie Davis

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

P.O. Box 205 1024 ST MARK Street

City

Noma

Noma FL

City

FL

Zip Code

32452

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

Willie Davis

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

(NOTE: Registered Agent signature required when reinstating)

7-9-01

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

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

TITLE	PF	<input type="checkbox"/> Delete
NAME	SKIPPER, ROBERT L	
STREET ADDRESS	3462 SKIPPER AVE	
CITY- ST- ZIP	NOMA FL 32452	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCELWAIN, DONALD	
STREET ADDRESS	1076 MAIN STREET	
CITY- ST- ZIP	NOMA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKIPPER, GEORGE T	
STREET ADDRESS	3460 SKIPPER AVE	
CITY- ST- ZIP	NOMA FL 32452	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOZIER, DAVID	
STREET ADDRESS	3495 E WHITE AVE.	
CITY- ST- ZIP	NOMA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, KATE	
STREET ADDRESS	1012 ST MARK ST	
CITY- ST- ZIP	BONIFAY FL 32425	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
Willie Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-01

Date

850-263-3449

Daytime Phone #

CR2E037 (5/01)