

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736290

1. Entity Name

THERESSA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

1692 SE 81ST ST
STARKE FL 32091
US

Mailing Address

ROUTE 3, BOX 688
STARKE FL 32091
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

04-0012300

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

PREVATT, MYRON C. JR.
PALMETTO AT NIGHTINGALE
BOX 634
KEYSTONE HEIGHTS FL

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	ACD	<input type="checkbox"/> Delete
NAME	DAMPIER, JOEY	
STREET ADDRESS	ROUTE 3, BOX 665	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEE, JESSIE J.	
STREET ADDRESS	ROUTE 3 BOX 688	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, PERCY S, JR	
STREET ADDRESS	CR 18 RT 3 BOX 1175	
CITY-ST-ZIP	STARKE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERSEY, JASON	
STREET ADDRESS	ROUTE 3 BOX 701	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, KEITH	
STREET ADDRESS	ROUTE 3 BOX 715	
CITY-ST-ZIP	STARKE FL 32091	
TITLE		<input type="checkbox"/> Delete
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
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
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

Jessie J. Lee 4/6/01

352-473-2345

Date

Daytime Phone #

CR2E037 (10/00)

0007861

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90162 009 ****61.25



DO NOT WRITE IN THIS SPACE