

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736401

1. Entity Name

LAKESIDE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

NORTH 441 & N.W. 189 ST. BOX 113
ORANGE LAKE FL 32681

Mailing Address

NORTH 441 & N.W. 189 ST. BOX 113
ORANGE LAKE FL 32681

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1822508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEBERT, JAMES
4411 W ST RD 318
PO BOX 223
ORANGE LAKE FL 32681

7. Name and Address of New Registered Agent

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
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 D ☐ Delete
NAME MEDINA, HECTOR
STREET ADDRESS 18930 58TH COURT
CITY-ST-ZIP ORANGE LAKE FL 32681

TITLE D ☐ Delete
NAME WEATHERS, BILL
STREET ADDRESS 21435 NW 39 TERR
CITY-ST-ZIP MICINTOSH FL 32684

TITLE ~~PD~~ ☐ Delete
NAME SIEBERT, JAMES
STREET ADDRESS P.O. BOX 223 W. HWY. 318
CITY-ST-ZIP ORANGE LAKE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Samuel Edgar
STREET ADDRESS 21479 NW 57 AVE
CITY-ST-ZIP McIntosh FL 32664

TITLE P ☐ Change ☒ Addition
NAME Tyson - Calvin
STREET ADDRESS 16925 W Hwy 318
CITY-ST-ZIP Reddick FL 32686

TITLE D ☐ Change ☒ Addition
NAME Snoddy - Leslie
STREET ADDRESS P.O. Box 207
CITY-ST-ZIP McIntosh - FL 32664

TITLE P ☐ Change ☒ Addition
NAME ALbright - Scott
STREET ADDRESS 5500 NW 160th
CITY-ST-ZIP Reddick FL 32686

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

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: James Siebert

8-14-01 352-591-1807

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90075 021 ****61.25

00001000



DO NOT WRITE IN THIS SPACE

0003098

CR2E037 (5/01)