

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90409 047 \*\*\*\*61.25

**DOCUMENT # 737046**

1. Entity Name

**TOWN OF MARINELAND VOLUNTEER FIRE DEPARTMENT, INC.**

(R)

Principal Place of Business

9507 OCEAN SHORE BLVD.  
MARINELAND FL 32086

Mailing Address

9507 OCEAN SHORE BLVD.  
MARINELAND FL 32086-8610

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

59-1003937

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

**DIXON, SUZANNE**  
**5455 WINDANTIDE RD**  
**ST. AUGUSTINE FL 32086**

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

*Suzanne M. Dixon*

**Suzanne Dixon, Town Manager**

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 **PD** ☐ Delete  
NAME **NETHERTON, JAMES C III**  
STREET ADDRESS **9507 OCEAN SHORE BLVD**  
CITY-ST-ZIP **MARINELAND FL**

TITLE ☐ Change ☒ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE **D** ☐ Delete  
NAME **LAPORTE, DENNIS**  
STREET ADDRESS **176 MARINA DR**  
CITY-ST-ZIP **MARINELAND FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Charles W. Rush**  
STREET ADDRESS **241 Marine Center Drive**  
CITY-ST-ZIP **Marineland, FL 32086**

TITLE **D** ☒ Delete  
NAME **LAPORTE, ELAINE**  
STREET ADDRESS **176 MARINA DR**  
CITY-ST-ZIP **MARINELAND FL**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE **D** ☐ Delete  
NAME **WRIGHT, DOUG**  
STREET ADDRESS **176 MARINA DR**  
CITY-ST-ZIP **MARINELAND FL**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

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 C. Netherton III*

**James C. Netherton III, Mayor/Commissioner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)