2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 737428** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** OXFORD VOLUNTEER FIRE DEPARTMENT, INC. 01-28-2000 90170 038 ****61.25 Principal Place of Business Mailing Address HWY 466 EAST, 4147 CR 466 HIGHWAY 466 EAST P.O. BOX 143 OXFORD FL 34484 OXFORD FL 34484-0143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 51-1702937 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pitzer Thomas Street Address (P.O. Box Number is Not Acceptable) SUMNER, RONALD 13488 3905 CR 214 **OXFORD FL 34484** 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 Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 PD ☐ Addition 🖬 Delete TITLE TITLE NAME REYNOLDS, BILL NAME Thomas Gamble WIGHT KITTY HOWK Dr. STREET ADDRESS STREET ADDRESS **CR 105** CITY-ST-ZIP CITY-ST-ZIP Weirsdale, FL. OXFORD FL □ Change ☐ Addition TITLE TITLE ☐ Delete Thalgott Justin NAME THALGOTT, JUSTIN 5398 C.R.122 STREET ADDRESS STREET ADDRESS 5398 CR, 122 CITY-ST-ZIP CITY-ST-ZIP Oxford, FL. 34484 OXFORD FL 34484 TITLE Change Addition 🔀 Delete TITLE AD Pitzer, Thomas NAME NAME SUMNER, RONALD 13488 C.R. 200 STREET ADDRESS STREET ADDRESS 3905 CR 214 CITY-ST-ZIP CITY-ST-ZIP Oxford FL. 34484 OXFORD FL 34484 TITI F AD Change Addition TITLE STD Delete Reynolds, Jack NAME NAME SHIRK, RICHARD C.R.105 STREET ADDRESS STREET ADDRESS 1702 CR 452 CITY-ST-7IP Oxford, FL. 34484 CITY-ST-ZIP EUSTIS FL 32726 STO Change TITLE Delete TITLE ☐ Addition Smith, Judy 13488 C.R. 200 NAME SUMNER, CHARLOTTE STREET ADDRESS STREET ADDRESS 3905 CR 214 CITY-ST-ZIP Oxford, FL. 34484 CITY-ST-ZIP OXFORD FL 34484 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TURE: SMANGERIA SERVICES SIGNATURE AND TYPED OR PRINTED NAME OF SKINNG OFFICER OR DIRECTOR Date Dayline Phone &

changed, or on an attachment with an address, with all other like empowered.