

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90182 014 ****61.25

DOCUMENT # 737428

1. Entity Name
OXFORD VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**HWY 466 EAST, 4147 CR 466
OXFORD FL 34484
US**

Mailing Address
**HIGHWAY 466 EAST
P.O. BOX 143
OXFORD FL 32684**

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 **51-1702937**

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

**ATWOOD, OMER A
10150 SE 169TH LANE
SUMMERFIELD FL 34491**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ATWOOD, OMER**
STREET ADDRESS **10150 SE 169TH LANE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

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

TITLE **VPD** ☐ Delete
NAME **COUNTRYMAN, WILLIAM**
STREET ADDRESS **611 SUMMIT ST**
CITY-ST-ZIP **LADY LAKE FL 32159**

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

TITLE **CD** ☒ Delete
NAME **JONES, GEORGE C**
STREET ADDRESS **PO BOX 1053**
CITY-ST-ZIP **SUMMERFIELD FL 34492**

TITLE **CD** ☐ Change ☐ Addition
NAME **Malloy, James**
STREET ADDRESS **35349 Old Lake County Rd**
CITY-ST-ZIP **Fruitland Park, FL 34731**

TITLE **ACD** ☒ Delete
NAME **MALLOY, JAMES - MALLOY**
STREET ADDRESS **812 BERRY HILL CIR.**
CITY-ST-ZIP **FRUITLAND PARK FL 32159**

TITLE **NONE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **SMITH, JUDY**
STREET ADDRESS **13488 CR 200**
CITY-ST-ZIP **OXFORD FL 34484**

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

TITLE ☐ Delete
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: *Judy Smith* **JUDY SMITH** **1-21-03** **(352) 748-7595**

CR2E037 (10/02)