

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738872

1. Entity Name

RIO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

977 N.E. DIXIE HWY  
JENSEN BEACH FL 34957

Mailing Address

977 N.E. DIXIE HWY  
JENSEN BEACH FL 34957

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

59-2351187

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, JOHN JR  
341 N E JULIA COURT  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

John CARTER JR

Street Address (P.O. Box Number is Not Acceptable)

209 SE West VIRGINIA DR

City

Port St. Lucie

FL

Zip Code

34983

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	CARTER, JOHN	
STREET ADDRESS	209 SE WEAT VIRGINIA DR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	AC	<input checked="" type="checkbox"/> Delete
NAME	MCGREGAN, MICHAEL	
STREET ADDRESS	1473 NE CROTON ST	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, JOSHUA	
STREET ADDRESS	212 WINNACHEE DR.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARTER, CAROLE A	
STREET ADDRESS	209 SE WEST VIRGINIA DR.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUMMO, JOSEPH	
STREET ADDRESS	606 N.E. RIVER TERR.	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	209 SE WEST VIRGINIA DR	
STREET ADDRESS	Port St. Lucie, FL 34983	
CITY-ST-ZIP		
TITLE	AC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK Perkins	
STREET ADDRESS	1615 SW ulmus Pl	
CITY-ST-ZIP	PALM City 34990	
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:

*Carole A. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-02 561-344-7671

FILED  
Mar 05, 2002 8:00 am  
Secretary of State

03-05-2002 90073 014 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)