

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90030 045 ****61.25

DOCUMENT # 741935

1. Entity Name

DESOTO CITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**4612 DESOTO ROAD
P. O. BOX 653
SEBRING FL 33871-0653**

**4612 DESOTO ROAD
P. O. BOX 653
SEBRING FL 33871-0653**

2. Principal Place of Business

**6800 George Blvd West
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 653
Suite, Apt. #, etc.**

City & State
Sebring, FL 33872

City & State
Sebring, FL 33871

4. FEI Number
59-1838485

Applied For
☐ Not Applicable

Zip
33872

Country
USA

Zip
33871

Country
USA

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

**KORANDA, DENNIS
2701 VAN PELT RD
SEBRING FL 33870**

Name
Jeff Villone
Street Address (P.O. Box Number is Not Acceptable)
4801 Granada Ave.
City
Sebring FL Zip Code
33870

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]

Jeff Villone, President

2/4/00

Signature of officer 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 NAME STREET ADDRESS CITY-ST-ZIP | P KORANDA, DENNIS 2701 VAN PELT RD SEBRING FL 33870 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WOLKOVE, BERNIE 3824 S-C-17 SEBRING FL 33870 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, RANDY 2640 VAN PELT RD SEBRING FL 33870 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRUDY, LANCE 2411 VAN PELT RD SEBRING FL 33870 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VILLONE, JEFF 4801 GRANADA AVE. SEBRING FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENLEY, BEN PO BOX 653 SEBRING FL 33871 | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Kellie Hall 113 Loquat Rd NW Lake Placid, FL 33852 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Tina Barber 1303 Taseschee Sebring, FL 33870 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Susan Juliano 6815 Lakeside Dr W Sebring, FL 33872 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Joe deBree Jr. 4720 Howard St. Sebring, FL 33870 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Villone, Jeff 4801 Granada Ave. Sebring, FL 33870 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)