

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-10-2003 90108 024 ****61.25

DOCUMENT # 741935

1. Entity Name

DESOTO CITY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

**6800 GEORGE BLVD WEST
SEBRING FL 33872**

**P O BOX 553
SEBRING FL 33871-0553**

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 **59-1838485**

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

**VILLONE, JEFF
4801 GRANADA AVE
SEBRING FL 33872**

Name **Clifford Henry**

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

316 Lotus Ave

City **Sebring**

FL

Zip Code **33872**

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

Clifford Henry

Clifford Henry, President

3/5/03

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. TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☒ Delete
NAME **HALL, KELLIE**
STREET ADDRESS **784 BAY ST.**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Henry, Clifford**
STREET ADDRESS **316 Lotus Ave**
CITY-ST-ZIP **Sebring, FL 33872**

TITLE **D** ☐ Delete
NAME **BRADLEY, BRIAN**
STREET ADDRESS **784 BAY ST.**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **V** ☐ Change ☒ Addition
NAME **deBree, Jennifer**
STREET ADDRESS **4635 Queen Palm Dr**
CITY-ST-ZIP **Sebring, FL 33872**

TITLE **ST** ☐ Delete
NAME **JULIANO, SUSAN**
STREET ADDRESS **6815 LAKSIDE DR W**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **ST** ☒ Change ☐ Addition
NAME **Stewart, Susan J.**
STREET ADDRESS **6815 Lakeside Dr W**
CITY-ST-ZIP **Sebring, FL 33875**

TITLE **D** ☐ Delete
NAME **DEBREE, JOE JR.**
STREET ADDRESS **4720 HOWARD ST**
CITY-ST-ZIP **SEBRING FL 33870**

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

TITLE **P** ☒ Delete
NAME **VILLONE, JEFF**
STREET ADDRESS **4801 GRANADA AVE.**
CITY-ST-ZIP **SEBRING FL**

TITLE ☐ 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:

Clifford Henry
Clifford Henry, Pres

3/5/03

(603)

402-6870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)