FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 30, 2001 8:00 am Secretary of State **DOCUMENT # 752205** 1. Entity Name RIVERSIDE VOLUNTEER FIRE DEPARTMENT, INC. 03-30-2001 90330 044 ****61.25 Principal Place of Business Mailing Address 101 GAIL DRIVE U.S. HIGHWAY 17 SOUTH 639357 SAN MATEO FL 32189 P. O. BOX 694 SAN MATEO FL 32187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1967981 Not Applicable Zip Country Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FIELDS, ALAN B. 413 ST. JOHNS AVENUE PALATKA 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE CURRY, ANITA 588 OLD SAN MATEO RD. KIRBY, THELMA C NAME NAME 110 CREEKSIDE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN MATEO FL CITY-ST-ZIP SAN MATEO, FL 32187 SD **区** Detete TITLE (Change ☐ Addition TITI F HARRIS, KEVIN 111 PALMLAND DR. STREETS, ROSEMARY NAME NAME STREET ADDRESS RT1: BOX 130A STREET ADDRESS CITY-ST-ZIP TSUMA, FL 32189 CITY-ST-ZIP SAN MATEO FL 32189 TITLE Delete TITLE Change ☐ Addition NELSON, SANDRA 223 CLEARWATER RD. **CURRY, ANITA** NAME NAME STREET ADDRESS 588 OLD SAN MATEO D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN MATEO FL 32189 SATSU<u>M</u>A, FL Delete TITLE TITLE Change Change ☐ Addition MOBLEY, R. ALAN WALDEN, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS STAR RT 2., BOX 186 11 COOLWATER AVE. CITY-ST-ZIP CITY-ST-ZIP SATSUMA FL 32189 ATSUMA. FL 32189 TITLE ☐ Delete TITLE **Change** ☐ Addition Kildy, Debbie III Pheasant RD KIRBY, DEBBIE NAME STREET ADDRESS STREET ADDRESS STAR RT. 3, BOX 990 Satsuma, 76 32189 CITY-ST-ZIP CITY-ST-ZIP SATSUMA FL 32189 **X** Delete TITLE Change Addition STREETS, RAYMOND D HARVEY, ALICE NAME NAME STREET ADDRESS RT 1., BOX 130A STREET ADDRESS 319 SAN MATEO CITY-ST-ZIP CITY-ST-ZIP SAN MATEO FL 32189

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.