

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754072

1. Entity Name

OKEECHOBEE COUNTY VOLUNTEER FIRE DEPARTMENT, INC

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90041 018 ****70.00

Principal Place of Business

301 N.W. 2ND STREET
OKEECHOBEE FL 34972
US

Mailing Address

301 N.W. 2ND STREET
OKEECHOBEE FL 34972-4120
US

00030133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 NW 6 STREET

Suite, Apt. #, etc.

3. Mailing Address

501 N.W. 6th STREET

Suite, Apt. #, etc.

City & State

OKEECHOBEE FL.

City & State

OKEECHOBEE FL.

4. FEI Number

59-6000768

Applied For

Not Applicable

Zip

34972

Country

OKEECHOBEE

Zip

34972

Country

OKEECHOBEE

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEATES, SABRINA
2025 NW 42 AVE
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

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.

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	ST	<input type="checkbox"/> Delete
NAME	YEATES, SABRINA	
STREET ADDRESS	2025 NW 42 AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHARTIER, RICK	
STREET ADDRESS	7806 SW 9TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	C	<input type="checkbox"/> Delete
NAME	YEATES, KEITH	
STREET ADDRESS	2309 N.W. 42ND AVE.	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLINS, KAY	
STREET ADDRESS	2319 SW 21ST STREET	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLER, AL	
STREET ADDRESS	2304 APPLETON COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUROS, MARK	
STREET ADDRESS	6888 SW 88 TRAIL	
CITY-ST-ZIP	OKEECHOBEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	2201 S.W. 28 th St. #41
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-00

CR2E037 (9/99)