

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90045 035 \*\*\*\*70.00

DOCUMENT # 754072

1. Entity Name

OKEECHOBEE COUNTY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

501 NW 6STREET  
OKEECHOBEE FL 34972  
US

Mailing Address

501 NW 6STREET  
OKEECHOBEE FL 34972  
US

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

59-6000768

Applied For

Not Applicable.

5. Certificate of Status Desired

XX

\$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

Canevari, Gary L.

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

5188 S.E. 67 Ave.

City

Okeechobee

FL

Zip Code  
34974

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

Gary L Canevari (President)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/20/01  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
YEATES, SABRINA  
2025 NW 42 AVE  
OKEECHOBEE FL 34972 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CHARTIER, RICK  
2201 SW 28TH ST #41  
OKEECHOBEE FL 34974 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
YEATES, KEITH  
2309 N.W. 42ND AVE.  
OKEECHOBEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MULLINS, KAY  
2319 SW 21ST STREET  
OKEECHOBEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SCHILLER, AL  
2304 APPLETON COURT  
PALM BEACH GARDENS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MUROS, MARK  
6888 SW 88 TRAIL  
OKEECHOBEE FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S.T.  
Weeks, Sr. Larry Steve  
1011 N.W. 7 Ct.  
Okeechobee Fla. 34972 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres.  
Canevari, Gary L.  
5188 S.E. 67 AVE.  
Okeechobee Fla. 34974 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 OF REGISTERED AGENT

3/20/01 (863)467-7381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)