

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754493

1. Entity Name

LEE COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

BOX 25
LEE FL 32059

BOX 25
LEE FL 32059

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

59-2367740

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

LINTON, LISA
P O BOX 9433
S E 125TH ST
LEE FL 32059

Name

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

RT 1 Box 78 Hwy 255 So.

City

Lee

FL

Zip Code

32059

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

Maurice J. Thomas Pres

4-27-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, REESE P.O. BOX 25, S.E. 125TH AVENUE LEE FL 32059	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ODOM, JOE RT 1 BOX 85, SE 95TH AVE LEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LINTON, LISA P O BOX 9433, SE 125TH ST LEE FL 32059	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMULLEN, EDWIN 304 EAST BROAD LEE FL 32059	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAIN, DARRYL RT. 2 BOX 6105, 255 SOUTH LEE FL 32059	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Thomas maurice RT 1 Box 78 Lee FL 32059	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ODOM, JOE RT 1 Box 85, SE 95th	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLAIN, Darrell RT 2 Box 6105 255 south Lee, FL 32059	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wierick, Shannone RT 1 Box 821 Lee, FL 32059	☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maurice J. Thomas Pres

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90085 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)