

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 754493

FILED  
Sep 05, 2003  
Secretary of State

**Entity Name:** LEE COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

BOX 25  
LEE, FL 32059

**New Principal Place of Business:**

317 NE CR 255  
LEE, FL 32059

**Current Mailing Address:**

BOX 25  
LEE, FL 32059

**New Mailing Address:**

317 NE CR 255  
LEE, FL 32059

**FEI Number:** 59-2367740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, MAURICE J  
RT 1 BOX 78 HWY 255 SO  
LEE, FL 32059 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMAS, MAURICE  
Address: RT 1 BOX 78  
City-St-Zip: LEE, FL 32059

Title: VD ( ) Delete  
Name: ODOM, JOE  
Address: RT 1 BOX 85, SE 95TH AVE  
City-St-Zip: LEE, FL

Title: ST ( ) Delete  
Name: HOOKER, ROLAND  
Address: 119 NE WILLOW BEND LOOP  
City-St-Zip: LEE, FL 32059

Title: D ( ) Delete  
Name: WIRICK, SHANNON  
Address: RT 1 BOX 821  
City-St-Zip: LEE, FL 32059

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RUTHERFORD, LEROY  
Address: 868 NE RUTHERFORD RD  
City-St-Zip: LEE, FL 32059

Title: VD (X) Change ( ) Addition  
Name: ODOM, JOE  
Address: RT 1 BOX 85, SE 95TH AVE  
City-St-Zip: LEE, FL 32059

Title: ST (X) Change ( ) Addition  
Name: WHITFIELD, JASON  
Address: 3684 NE OLD BLUE SPRINGS RD  
City-St-Zip: LEE, FL 32059

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON WHITFIELD

ST

09/05/2003

Electronic Signature of Signing Officer or Director

Date