

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90296 025 ****61.25

DOCUMENT # 759050

1. Entity Name

SOUTH COLUMBIA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

RT 2 BOX 4000 WEST DORCH STREET
FT WHITE FL 32038
US

Mailing Address

RT 2 BOX 4000 WEST DORCH STREET
FT WHITE FL 32038
US

2. Principal Place of Business

495 SW Dorch St.
Suite, Apt. #, etc.

3. Mailing Address

495 SW Dorch St.
Suite, Apt. #, etc.

City & State

Fort White, FL 32038

City & State

Fort White, FL 32038

4. FEI Number

59-2918788

Applied For

Not Applicable

Zip

Country

FL 32038 USA

Zip

Country

FL 32038 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, Z E
S. BRYANT ST.
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

Name

Z. E. Hudson

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

386 SW Bryant Ave.

City

Fort White, FL

FL

Zip Code
32038

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

Z. Edmund Hudson

Z. Edmund Hudson, President

15 Apr 02

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 **D** ☒ Delete
NAME **KOON, W. D.**
STREET ADDRESS **HWY 47 NORTH**
CITY-ST-ZIP **FT WHITE, FL 0**

TITLE **V** ☐ Delete
NAME **O'STEEN L.**
STREET ADDRESS **C-138**
CITY-ST-ZIP **FT WHITE, FL 0**

TITLE **P** ☐ Delete
NAME **HUDSON, Z E**
STREET ADDRESS **S BRYANT ST, PO 12**
CITY-ST-ZIP **FT WHITE, FL 00000**

TITLE **D** ☒ Delete
NAME **HOLMBERG, CARL**
STREET ADDRESS **LAZY OAK ROAD**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **ST** ☐ Delete
NAME **NOAH, CHARLES**
STREET ADDRESS **TIMUQUA ROAD**
CITY-ST-ZIP **FT WHITE FL 32038**

TITLE **D** ☐ Delete
NAME **WHITLEY, WILLIAM E.**
STREET ADDRESS **RT 2 BOX 945 N/A**
CITY-ST-ZIP **HIGH SPRINGS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Walter Littrell, Jr.**
STREET ADDRESS **635 Murdock Court**
CITY-ST-ZIP **Fort White, FL 32038**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Jim Lance**
STREET ADDRESS **P O Box 152, SR 47**
CITY-ST-ZIP **Fort White, FL 32038**

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

TITLE ☐ Change ☐ 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:

Z. Edmund Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund Hudson

15 Apr 02

386-497-3333

Date

Daytime Phone #

CR2E037 (9/01)