

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759050

1. Entity Name

SOUTH COLUMBIA VOLUNTEER FIRE DEPARTMENT, INC.



FILED

03 AUG -7 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

495 SW DORCH STREET  
FORT WHITE FL 32038  
US

Mailing Address

495 SW DORCH STREET  
FORT WHITE FL 32038  
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 59-2918788

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

HUDSON, Z E

386 SW BRYANT AVE  
FORT WHITE FL 32038

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME LITRELL, WALTER JR  
STREET ADDRESS 635 MURDOCK COURT  
CITY-ST-ZIP FORT WHITE FL 32038

TITLE ☐ Change ☐ Addition  
NAME 900022131499  
STREET ADDRESS 08/07/03--01038--010  
CITY-ST-ZIP \*\*61.25

TITLE V ☐ Delete  
NAME O'STEEN L.  
STREET ADDRESS C-138  
CITY-ST-ZIP FORT WHITE FL 32038

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

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

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

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

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

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

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:

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

22 Jul 03

386-497-3333

CR2E037 (4/03)