

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90103 003 \*\*\*\*61.25

**DOCUMENT # N00000006227**

1. Entity Name

**O'BRIEN VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

**10121 CR 349  
 O'BRIEN FL 32071**

**PO BOX 113  
 O'BRIEN FL 32071**

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

**59-3671927**

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

**MEADOWS, JR., GRANT W  
 9192 226TH ST.  
 O'BRIEN FL 32071**

Name

**Jason L. Mower**

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

**23492 US 129**

City

**O'Brien**

FL

Zip Code

**32071**

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

**Jason Mower**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-02**

**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 **D** ☒ Delete  
 NAME **MEADOWS, JR., GRANT W**  
 STREET ADDRESS **9192 226TH ST.**  
 CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Jody Matthews**  
 STREET ADDRESS **11548 302 ST**  
 CITY-ST-ZIP **O'Brien FL 32071**

TITLE **D** ☐ Delete  
 NAME **JONES, ROBERT**  
 STREET ADDRESS **22080 US 129**  
 CITY-ST-ZIP **O'BRIEN FL 32071**

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

TITLE **DS** ☒ Delete  
 NAME **CURRIE, BETSYSUSAN**  
 STREET ADDRESS **22693 93RD DRIVE**  
 CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **Trace Reeve**  
 STREET ADDRESS **19645 N CR 349**  
 CITY-ST-ZIP **O'Brien FL 32071**

TITLE **DT** ☒ Delete  
 NAME **SEE, ROBERT F**  
 STREET ADDRESS **20293 29TH ROAD**  
 CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **DT** ☒ Change ☐ Addition  
 NAME **Jason Mower**  
 STREET ADDRESS **23492 US 129**  
 CITY-ST-ZIP **O'Brien FL 32071**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

**Trace Reeve**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**

Date

Daytime Phone #

CR2E037 (9/01)