

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90098 009 \*\*\*\*\*70.00

**DOCUMENT # N02000000434**

1. Entity Name

**SUWANNEE COUNTY FIRE DISTRICTS, INC.**



Principal Place of Business

**15583 60TH TERRACE  
LIVE OAK FL 32060**

Mailing Address

**15583 60TH TERRACE  
LIVE OAK FL 32060**

2. Principal Place of Business

**19359 76TH ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LIVE OAK, FL**

City & State

**LIVE OAK, FL**

4. FEI Number

**32-0014837**

Applied For

Not Applicable

Zip

**32060**

Country

**USA**

Zip

**32060**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VERRO, PAIGE J  
15583 60TH TERRACE  
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

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**

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

TITLE **PD** ☐ Delete  
NAME **BUSHEL, JOSEPH D**  
STREET ADDRESS **7212 175TH DRIVE**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **VD** ☐ Delete  
NAME **O'NEILL, JAMES I JR.**  
STREET ADDRESS **19359 76TH STREET**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **STD** ☐ Delete  
NAME **VERRO, PAIGE J**  
STREET ADDRESS **15583 60TH TERRACE**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

**JOSEPH D. BUSHEL**  
**SIGNATURE REQUIRED**

**1-22-2003 386-330-2583**

Date

Daytime Phone #

CR2E037 (10/02)