

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90068 032 ****61.25

DOCUMENT # N25546

1. Entity Name

FALMOUTH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

18313 US 90
 LIVE OAK FL 32060

Mailing Address

P.O. BOX 1328
 LIVE OAK FL 32064

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 **59-2883636**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, JAMES I
19359 76TH ST
LIVE OAK FL 32069

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCOOK, CLEATOS M	
STREET ADDRESS	6005 185TH RD.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FREEMAN, RAYMOND	
STREET ADDRESS	18156 62ND TERR.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, JAMES S I JR.	
STREET ADDRESS	19359 76TH ST	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GAY, RONALD	
STREET ADDRESS	5467 193RD RD	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	MERCADO, MICHAEL A	
STREET ADDRESS	15572 60TH TERR.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOOK, MELISSA	
STREET ADDRESS	6005 185TH RD	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, JAMES (LOT 122)	
STREET ADDRESS	FRIER MOBILE HOME PK, US 90	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINTILLA HAMILTON (LOT 122)	
STREET ADDRESS	FRIER MOBILE HOME PARK	
CITY-ST-ZIP	US 90, LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cleatos M. McCook

6-15-01 (386)362-5976

CR2E037 (10/00)