

2002 UNIFORM BUSINESS REPORT (UBR)

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

18313 U.S. Hwy. 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LIVE OAK FL

Zip

Country

Zip

Country

32060 USA

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 Cleatos M. McCook

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

6005 185th Rd.

City

LIVE OAK

FL

Zip Code

32060

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

Cleatos M. McCook

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCOOK, CLEATOS M 6005 185TH RD. LIVE OAK FL 32060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREEMAN, RAYMOND 18156 82ND TERR. LIVE OAK FL 32060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCOOK, MELISSA 6005 185TH ROAD LIVE OAK FL 32060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD HAMILTON, JAMES FRIER MOBILE HOME PK US 90 (LOT 122) LIVE OAK FL 32060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HAMILTON, QUNITILLA FRIER MOBILE HOME PARK (LOT 122) LIVE OAK FL 32060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV William Norman Underhill 4202 189th Rd. LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD RONALD L. GAY 5467 193rd Rd. LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Amber Dawn Underhill 4202 189th Rd. LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 / 362-5976

Date

Daytime Phone #

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

05-24-2002 91295 047 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)