

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90144 019 \*\*\*\*61.25

**DOCUMENT # N30473**

1. Entity Name

**EBRO VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

6629 DOGTRACK RD  
EBRO FL 32437  
US

POST OFFICE BOX 78  
EBRO FL 32437-0078

00000J04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARLOW, MICHAEL E**  
**5382 STRICKLAND RD.**  
**EBRO FL 32437**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **SUCCS, STEEN**  
STREET ADDRESS **5676 TOMS RD**  
CITY-ST-ZIP **EBRO FL 32437**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **LINDA MARLOW**  
STREET ADDRESS **5382 Strickland Rd**  
CITY-ST-ZIP **Ebro, FL 32437**

TITLE **VP** ☐ Delete  
NAME **STRICKLAND, TONY**  
STREET ADDRESS **5569 STRICKLAND RD**  
CITY-ST-ZIP **EBRO FL 32437**

TITLE **D** ☐ Change ☒ Addition  
NAME **Glen Strickland**  
STREET ADDRESS **6220 Strickland Rd**  
CITY-ST-ZIP **Ebro, FL 32437**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, KEITH**  
STREET ADDRESS **CASEY ROAD**  
CITY-ST-ZIP **EBRO FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dorly Strickland**  
STREET ADDRESS **6331 Strickland Rd**  
CITY-ST-ZIP **Ebro, FL 32437**

TITLE **D** ☒ Delete  
NAME **YON, JACK**  
STREET ADDRESS **TOMS ROAD**  
CITY-ST-ZIP **EBRO FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Carl Selvey**  
STREET ADDRESS **5550 Strickland Rd**  
CITY-ST-ZIP **Ebro FL 32437**

TITLE **D** ☒ Delete  
NAME **SHEEHAN, MICHAEL**  
STREET ADDRESS **6509 DOGTRACK RD**  
CITY-ST-ZIP **EBRO FL 32437**

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

TITLE **D** ☒ Delete  
NAME **STRICKLAND, ADINA**  
STREET ADDRESS **5569 STRICKLAND RD**  
CITY-ST-ZIP **EBRO FL 32437**

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-10-2000 850 5359145**

CR2E037 (9/99)