

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30473

1. Entity Name

EBRO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

6629 DOGTRACK RD
EBRO FL 32437
US

Mailing Address

POST OFFICE BOX 78
EBRO FL 32437

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARLOW, MICHAEL E
5382 STRICKLAND RD.
EBRO FL 32437

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MARLOW, LINDA
5382 STRICKLAND ROAD
EBRO FL 32437 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, KEITH
CASEY ROAD
EBRO FL 32437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRICKLAND, GLEN
6220 STRICKLAND ROAD
EBRO FL 32437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRICKLAND, DORTY
6331 STRICKLAND ROAD
EBRO FL 32437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEALY, CARL
5556 STRICKLAND ROAD
EBRO FL 32437 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90043 021 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)