

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

9/17/2003-90022-030-\$61.25-\$61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -2 AM 8:00

**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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **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  
**J. Wade Moon  
6331 Strickland Rd  
Ebros FL 32437**

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 **J. Wade Moon** *Jackie Wade Moon* **9-10-03**

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  
After September 10, 2003, min will be \$236.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MARLOW, LINDA 5382 STRICKLAND ROAD EBRO FL 32437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Allen Seely Crews Lake Rd Ebros FL 32437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Assistant Chief</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP STRICKLAND, TONY 5569 STRICKLAND RD EBRO FL 32437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, KEITH CASEY ROAD EBRO FL 32437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A. Carmen Moon 6331 Strickland Rd Ebros FL 32437</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sec/Tres</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STRICKLAND, GLEN 6220 STRICKLAND ROAD EBRO FL 32437</b> <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	<b>D STRICKLAND, DORTY 6331 STRICKLAND ROAD EBRO FL 32437</b> <input checked="" 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	<b>D SEALY, CARL 5558 STRICKLAND ROAD EBRO FL 32437</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lt.</b>

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 OF OFFICER OR DIRECTOR** *Jackie Wade Moon* **9/10/03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (4/03)