

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90067 043 ****61.25

DOCUMENT # **N38664**

1. Entity Name

FRIENDSHIP VOLUNTEER FIRE DEPARTMENT

Principal Place of Business

Mailing Address

7777 SW Stae Road 200
Ocala, FL 34476

C0044408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7777 SW St Rd 200
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Ocala, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

4476

Marion

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

Linda L. Bolly - Treasurer
8751 SW 108 Lane Rd
Ocala, FL 34481

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)

March 21, 2000

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 **President** ☐ Delete
 NAME **James Hart**
 STREET ADDRESS **8555 SW 109th Ln, Rd.**
 CITY-ST-ZIP **Ocala, FL 34481**

TITLE **Director** ☐ Change ☐ Addition
 NAME **Charles Stein**
 STREET ADDRESS **10959 SW 85th Ter**
 CITY-ST-ZIP **Ocala, FL 34481**

TITLE **Vice President** ☐ Delete
 NAME **Jack McClellan**
 STREET ADDRESS **8065 SW 100th Ln Rd**
 CITY-ST-ZIP **Ocala, FL 34481**

TITLE **Chief** ☐ Change ☐ Addition
 NAME **Gerard Stroh**
 STREET ADDRESS **11171 SW 77th Ct**
 CITY-ST-ZIP **Ocala, FL 34481**

TITLE **Secretary** ☐ Delete
 NAME **Robert Mullarkey**
 STREET ADDRESS **8802A SW 92nd St.**
 CITY-ST-ZIP **Ocala, FL 34481**

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

TITLE **Treasurer** ☐ Delete
 NAME **Linda Bolly**
 STREET ADDRESS **8751 SW 108 Ln. Rd.**
 CITY-ST-ZIP **Ocala, FL 34481**

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

TITLE **Director** ☐ Delete
 NAME **Jean Rader**
 STREET ADDRESS **8635G SW 95th St**
 CITY-ST-ZIP **Ocala, FL 34481**

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

TITLE **Director** ☐ Delete
 NAME **Richard Muller**
 STREET ADDRESS **6900 SW 112th St**
 CITY-ST-ZIP **Ocala, FL 34476**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2000

Date

Daytime Phone #

CR2E037 (9/99)