

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N38664

FILED
Jan 29, 2002 8:00 AM
Secretary of State

Entity Name: FRIENDSHIP VOLUNTEER FIRE DEPARTMENT INC.

Current Principal Place of Business:

7777 STATE ROAD 200
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

7777 STATE ROAD 200
OCALA, FL 34476 US

New Mailing Address:

FEI Number: 52-2002785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLY, LINDA L
8751 SW 108 LANE RD
OCALA, FL 34481

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HART, JAMES
Address: 8555 SW 109TH LN RD.
City-St-Zip: OCALA, FL 34481

Title: VP () Delete
Name: MCCLELLAN, JACK
Address: 8065 SW 100TH LN RD
City-St-Zip: OCALA, FL 34481

Title: S () Delete
Name: MULLARKEY, ROBERT
Address: 8802A SW 92ND ST,
City-St-Zip: OCALA, FL 34481

Title: T () Delete
Name: BOLLY, LINDA
Address: 8751 SW 108 LN RD.
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: RADER, JEAN
Address: 8635G SW 95TH ST
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: MULLER, RICHARD
Address: 6900 SW 112 ST
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES STEIN

P

01/29/2002

Electronic Signature of Signing Officer or Director

Date

LEONARD KLATT DIRECTOR
7753 SW SR 200
OCALA FL 34476

JAMES C. PATTON TREAS.
6076 SW 84TH STREET
OCALA FL 34476

RUDY SCHASEL VP
8291 SW 108TH LP
OCALA FL 34481