

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90087 041 \*\*\*\*61.25

**DOCUMENT # N93000000061**

1. Entity Name

**STAGECOACH VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

**10577 52 TERR  
LIVE OAK FL 32060-8405  
US**

Mailing Address

**10577 52 TERR  
LIVE OAK FL 32060-8405  
US**

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

**59-3161833**

Applied For

Not Applicable

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

**SWEET, TIM  
2616 CR 795  
LIVE OAK FL 32060**

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 **DP** ☒ Delete  
NAME **MCCOLLISTER, ED**  
STREET ADDRESS **14591 CR 132**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **DP** ☒ Change ☐ Addition  
NAME **MOSES RATLIFF**  
STREET ADDRESS **10542 24 ST.**  
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **DV** ☒ Delete  
NAME **RYE, TOMMY**  
STREET ADDRESS **10542 24 ST**  
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **DY** ☒ Change ☐ Addition  
NAME **LULU SPENCER**  
STREET ADDRESS **10399 52 TER.**  
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE **DS** ☐ Delete  
NAME **SIVYER, DON**  
STREET ADDRESS **10577 52 TER**  
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE **DC** ☐ Delete  
NAME **SWEET, TIM**  
STREET ADDRESS **2616 CR 795**  
CITY-ST-ZIP **LIVE OAK FL 32060**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIVYER, SEC. 1-8-02 386-362-7108**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)