

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90016 026 ****61.25

DOCUMENT # N93000000925

1. Entity Name

BRYCEVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**U.S. 301 & C119
BRYCEVILLE FL 32009**

**P.O. BOX 46
BRYCEVILLE FL 32009-0046**

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 **59-3046878**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOURAKER, LESTER O
6 US 30 NORTH
BRYCEVILLE FL 32009**

Name **TOM LOVELESS**

Street Address (P.O. Box Number is Not Acceptable)

RT 2 BOX 552

BRYCEVILLE

City

FL Zip Code **32009**

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

Tom Loveless

TOM LOVELESS, PRES.

1-31-2000

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
NAME **CAD**
STREET ADDRESS **ARD, GARY**
CITY-ST-ZIP **RT 2 BOX 1530
BRYCEVILLE FL** ☒ Delete

TITLE
NAME **D** **EUGENE FOURAKER** ☐ Change ☒ Addition
STREET ADDRESS **16 CHURCH AV. E.**
CITY-ST-ZIP **BRYCEVILLE FL. 32009**

TITLE
NAME **P**
STREET ADDRESS **FOURAKER, LESTER**
CITY-ST-ZIP **6 US 301 N.
BRYCEVILLE FL 32009** ☒ Delete

TITLE
NAME **D** **TROY MEREDITH** ☐ Change ☒ Addition
STREET ADDRESS **RT 1 BOX 667**
CITY-ST-ZIP **BRYCEVILLE FL. 32009**

TITLE
NAME **VP**
STREET ADDRESS **ROBERTS, SHERRILL**
CITY-ST-ZIP **RT. 1, BOX 390G
BRYCEVILLE FL 32009** ☐ Delete

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

TITLE
NAME **DC**
STREET ADDRESS **HICKS, JIM**
CITY-ST-ZIP **102 CHURCH AVE. E.
BRYCEVILLE FL 32009** ☐ Delete

TITLE
NAME **SEC/TRES** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D**
STREET ADDRESS **LOVELESS, TOM**
CITY-ST-ZIP **RT. 1, BOX 552
BRYCEVILLE FL 32009** ☐ Delete

TITLE
NAME **PRES** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **ST**
STREET ADDRESS **BARTHELMES, GEORGE**
CITY-ST-ZIP **RT. 2 HWY. 301
BRYCEVILLE FL 32009** ☒ Delete

TITLE
NAME **D** **TONY HODGES** ☐ Change ☒ Addition
STREET ADDRESS **RT 1 BOX 3032**
CITY-ST-ZIP **BRYCEVILLE FL. 32009**

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:

Tom Loveless **TOM LOVELESS PRES.** **1-31-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #