

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000925

Entity Name

BRYCEVILLE VOLUNTEER FIRE DEPARTMENT, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90136 024 ****61.25

Principal Place of Business

Mailing Address

S. 301 & C119
BRYCEVILLE FL 32009

P.O. BOX 46
BRYCEVILLE FL 32009



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3046878

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOVELESS, TOM
RT 2 BOX 552
BRYCEVILLE FL 32009

Name

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

City

FL

Zip Code

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

0. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FOURAKER, EUGENE	
STREET ADDRESS	16 CHURCH AVE	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEREDITH, TROY	
STREET ADDRESS	RT 1 BOX 667	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, SHERRILL	
STREET ADDRESS	RT 1 BOX 390G	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HICKS, JIM	
STREET ADDRESS	102 CHURCH AVE. E.	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOVELESS, TOM	
STREET ADDRESS	RT. 1, BOX 552	
CITY-ST-ZIP	BRYCEVILLE FL 32009	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGES, TONY	
STREET ADDRESS	RT 1 BOX 3032	
CITY-ST-ZIP	BRYCEVILLE FL 32009	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-02

904-266-4719

CR2E037 (9/01)