

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002487

1. Entity Name

FLORAL CITY FIRE DEPARTMENT, INCORPORATED

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90008 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

8394 E. ORANGE AVE.  
 FLORAL CITY FL 34436

POB 555  
 FLORAL CITY FL 34436-0555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3325436

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

MARK J. YERMAN, ESQ.,  
 7655 W. GULF TO LAKE HWY.  
 STE. 5  
 CRYSTAL RIVER FL 34429

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 ☐ Delete  
 NAME P  
 STREET ADDRESS WILLIAMSON, MICHAEL  
 CITY-ST-ZIP 6580 S DOLPHIN  
 FLORAL CITY FL

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS BEDFORD, FLOYD  
 CITY-ST-ZIP 8171 BAYBERRY LANE  
 FLORAL CITY FL 34436

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

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS SEWELL, KIMBERLY  
 CITY-ST-ZIP 10015 S QUARTERHOUSE AVE  
 FLORAL CITY FL

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

TITLE ☐ Delete  
 NAME TRES  
 STREET ADDRESS HOLDEN, DONNA  
 CITY-ST-ZIP 7589 S CRESCENT LOOP  
 FLORAL CITY FL

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BEDFORD, LLOYD  
 CITY-ST-ZIP 8080 S BEDFORD RD  
 FLORAL CITY FL 34436

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RASMUSSEN, GREG  
 CITY-ST-ZIP 7944 HEATHER POINT  
 FLORAL CITY FL 34436

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-726-2260

7-5-2000

*MICHAEL WILLIAMSON PRES.*