

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90002 042 ****61.25

DOCUMENT # N94000005746

1. Entity Name

TROPICAL FARMS VOLUNTEER FIRE DEPARTMENT OF MART

Principal Place of Business

Mailing Address

8446 S.W. TROPICAL AVE.
 STUART FL 34997

8446 S.W. TROPICAL AVE.
 STUART FL 34997

C0072253



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2478659

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

PARSONS, RODNEY C
50 SW BLACKBURN TERR
#8
STUART FL 34997

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.

(NOT: Registered Agent signature required when rehashing)

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 **D** ☐ Delete
 NAME **GOETHEL, DOUG**
 STREET ADDRESS **3942 SW ST LUCIE WAY**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **D/V** ☒ Change ☐ Addition
 NAME **GOETHEL, DOUG**
 STREET ADDRESS **3942 SW ST LUCIE LANE**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **DT** ☐ Delete
 NAME **PARSONS, RODNEY C**
 STREET ADDRESS **50 SW BLACKBURN TERR #8**
 CITY-ST-ZIP **STUART-FL 34997**

TITLE **D/P/R** ☒ Change ☐ Addition
 NAME **RODNEY C. PARSONS**
 STREET ADDRESS **50 SW BLACKBURN TERR. #8**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **DS** ☒ Delete
 NAME **DOBEK, ALEX**
 STREET ADDRESS **496 SE CARDINAL TRAIL**
 CITY-ST-ZIP **STUART FL 34997**

TITLE **D/S** ☐ Change ☒ Addition
 NAME **BOB SHACKLETON**
 STREET ADDRESS **8101 SW YACHTSMANS DR.**
 CITY-ST-ZIP **STUART FL 34997**

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

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:

Rodney C. Parsons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY C. PARSONS

Date

5/22/01

Daytime Phone #

561 283-9679

CR2E037 (10/00)