

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005723

1. Entity Name

MARION COUNTY FIRE CHIEF'S ASSOCIATION, INCORPOR

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90137 008 ****61.25

Principal Place of Business

Mailing Address

3230 SOUTHEAST MARICAMP ROAD
C/O MARION COUNTY FIRE DEPARTMENT
OCALA FL 34471

3230 SOUTHEAST MARICAMP ROAD
C/O MARION COUNTY FIRE DEPARTMENT
OCALA FL 34471-6261

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

59-3425651

☒ 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

~~HED, JOSEPH~~
~~7814 HWY 40W~~
~~OCALA FL 34482~~

Name

GERARD STROH

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

11171 SW 77 CT

City

OCALA

FL

Zip Code

34476

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

Gerard Stroh

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	C	<input type="checkbox"/> Delete
NAME	HAVEN, JIM	
STREET ADDRESS	4504 SE 11TH PL.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIEBERT, JIM	
STREET ADDRESS	4411 W SR 318	
CITY-ST-ZIP	ORANGE LAKE FL 32681	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ARD, JOE	
STREET ADDRESS	7814 SW HWY 40	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHE, CALVIN	
STREET ADDRESS	4280 SW DEEPWATER CT.	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARFAGNO, RALPH	
STREET ADDRESS	21280 NE 150TH ST.	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRONE, ANDY	
STREET ADDRESS	18809 SW 31ST ST.	
CITY-ST-ZIP	DUNNELLON FL 32630	

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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROH, GERARD	
STREET ADDRESS	11171 SW 77 CT	
CITY-ST-ZIP	OCALA FL 34476	
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		

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:

Gerard Stroh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/2000

Daytime Phone #

352-873-2115

CR2E037 (9/99)