**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 18, 2001 8:00 am DOCUMENT # **N95000005723 Secretary of State** 1. Entity Name MARION COUNTY FIRE CHIEF'S ASSOCIATION, INCORPOR 07-18-2001 90259 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 3230 SOUTHEAST MARICAMP ROAD 3230 SOUTHEAST MARICAMP ROAD C/O MARION COUNTY FIRE DEPARTMENT C/O MARION COUNTY FIRE DEPARTMENT 00058762 OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3425651 Vot Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GERARD, STROH 11171 SW 77 CT OCALA FL 34476 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition HAVEN, JIM NAME NAME 4504 SE 11TH PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OCALA FL 34471** CITY-ST-ZIP VD CO-CHAIRMAN SIEBERT, JIM EUGENE MCCARTHY NAME NAME 4411 W SR 318 P.O. BOX 1079 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE LAKE FL 32681 CITY-ST-ZIP TITLE ☐ Delete TITLE STROH, GERALD NAME NAME 11171 SW 77 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34476 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change RICHIE, CALVIN NAME NAME STREET ADDRESS 4280 SW DEEPWATER CT. STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP TITLE DIRECTOR Delete TITLE **Change** Addition CARFAGNO, RALPH NAME CHARLES WENTWAY NAME STREET ADDRESS 21280 NE 150TH ST. STREET ADDRESS 2809 S.E. 36 CITY-ST-ZIP SALT SPRINGS FL 32134 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME PERRONE, ANDY STREET ADDRESS 18809 SW 31ST ST. STREET ADDRESS **DUNNELLON FL 32630** 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: PROTESTED FG

7/12/01 352-873-2115