2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000005723**

1. Entity Name

Secretary of State MARION COUNTY FIRE CHIEF'S ASSOCIATION, INCORPOR 01-09-2002 90011 031 ****61.25 Principal Place of Business Mailing Address 3230 SOUTHEAST MARICAMP ROAD 11171 SW 77TH COURT C/O MARION COUNTY FIRE DEPARTMENT OCALA FL 34471 OCALA FL 34476 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3425651 Not Applicable \$8.75 Additional Zip Country Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GERARD, STROH 11171 SW 77 CT OCALA FL 34476 Zip Code City FL 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change (9/01) ☐ Delete TITLE TITLE HAVEN, JIM NAME NAME **CR2E037** 4504 SE 11TH PL. STREET ADDRESS STREET ADDRESS **OCALA FL 34471** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition CO-C TITLE ☐ Change ☐ Delete TITLE MCCARTHY, EUGENE NAME NAME P.O. BOX 1079 STREET ADDRESS STREET ADDRESS ANTHONY FL 32617 ~ CITY-ST-ZIP* CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STROH, GERARD NAME NAME 11171 SW 77 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OCALA FL 34476** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE RICHIE, CALVIN NAME NAME 4280 SW DEEPWATER CT. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DUNNELLON FL 34431** ☐ Change ☐ Addition Delete TITLE WENTWAY, CHARLES NAME NAME STREET ADDRESS 2809 SW 36TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34471** ☐ Change ☐ Addition Detete TITLE PERRONE, ANDY NAME NAME 18809 SW 31ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 09, 2002 8:00 am