

# 2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003357

1. Entity Name

VENUS VOLUNTEER FIRE DISTRICT, INC.

Principal Place of Business

Mailing Address

45 CLUBHOUSE ROAD  
VENUS FL 33960

PO BOX 500  
VENUS FL 33960-0500  
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied

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

JACKSON, ANDREW B  
150 NORTH COMMERCE AVENUE  
SEBRING FL 33871

Name

SAME

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	P	<input checked="" type="checkbox"/> Delete
NAME	FLEWEEGER, MARIE	
STREET ADDRESS	3075 CR 731 NW	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HILL, HILDA F	
STREET ADDRESS	53 RIMES ROAD	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCANTLAND, DENNA	
STREET ADDRESS	1438 CR 731	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, JOE	
STREET ADDRESS	1426 CR 731	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEPPARD, SHARON	
STREET ADDRESS	10 TONI DRIVE	
CITY-ST-ZIP	VENUS FL 33960	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LONG, BOB	
STREET ADDRESS	GOFF ROAD	
CITY-ST-ZIP	VENUS FL 33960	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	SHEPPARD, SHARON	
STREET ADDRESS	P.O. Box 425	
CITY-ST-ZIP	VENUS, FL 33960	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ROSE RAINEAR	
STREET ADDRESS	958 C.R. 731	
CITY-ST-ZIP	VENUS, FL 33960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	CARMELLA CARTWRIGHT	
STREET ADDRESS	P.O. Box 425	
CITY-ST-ZIP	VENUS, FL 33960	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	DENNA SCANTLAND	
STREET ADDRESS	1438 C.R. 731	
CITY-ST-ZIP	VENUS, FL 33960	

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.

SIGNATURE: CARMELLA CARTWRIGHT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90150 001 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

1-7-2000 863-699-2