

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90239 025 \*\*\*\*70.00

**DOCUMENT # N97000006090**

1. Entity Name

**O'BRIEN VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

22677 93RD DRIVE  
 O'BRIEN FL 32071

P.O. BOX 35  
 O'BRIEN FL 32071-0035

2. Principal Place of Business

**10121 CR 349**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**O'BRIEN, FL**

City & State

Zip

**32071**

Country

**U.S.**

Zip

Country

4. FEI Number

**59-3510649**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHRIES, HARRIETTE W**  
**22677 93RD DRIVE**  
**O'BRIEN FL 32071**

7. Name and Address of New Registered Agent

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.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEADOWS, GRANT W J	
STREET ADDRESS	P.O. BOX 224 N/A	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUMPHRIES, GEFREY	
STREET ADDRESS	22677 - 93RD DRIVE	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CURRIE, BETSYSUSAN	
STREET ADDRESS	6 BLACKBERRY LANE	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, MARY W	
STREET ADDRESS	P.O. BOX 24 N/A	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, FAYE	
STREET ADDRESS	9730 222 LANE	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMPHRIES, HARRIETTE	
STREET ADDRESS	22677 - 93RD DRIVE	
CITY-ST-ZIP	O'BRIEN FL 32071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT JONES	
STREET ADDRESS	22080 US 129	
CITY-ST-ZIP	O'BRIEN, FL 32071	
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	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT W. MEADOWS, Jr.	
STREET ADDRESS	P.O. Box 224 N/A	
CITY-ST-ZIP	O'BRIEN, FL 32071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY WELLS SMITH	
STREET ADDRESS	P.O. Box 24 N/A	
CITY-ST-ZIP	O'BRIEN, FL 32071	

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: **Grant W. Meadows, Jr.** **GRANT W. MEADOWS, Jr.** **4/13/00** **904-752-1622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **904-752-1622**

CR2E037 (9/99)