

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90160 044 \*\*\*\*61.25

**DOCUMENT # N97000006090**

1. Entity Name

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

Principal Place of Business

Mailing Address

10121 CR 349  
O'BRIEN FL 32071

P.O. BOX 35  
O'BRIEN FL 32071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3510649**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **CURRY, HAROLD**  
STREET ADDRESS **23013-93RD DRIVE**  
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **HUMPHRIES, GEFREY**  
STREET ADDRESS **22677 - 93RD DRIVE**  
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **CURRIE, BETSYSUSAN**  
STREET ADDRESS **6 BLACKBERRY LANE**  
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Travis Reeve**  
STREET ADDRESS **19645 N CR 349**  
CITY-ST-ZIP **O'Brien FL 32071**

TITLE **D** ☐ Delete  
NAME **HUMPHRIES, HARRIETTE**  
STREET ADDRESS **22677 93RD DRIVE**  
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MATTHEWS, FAYE**  
STREET ADDRESS **9730 222 LANE**  
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **SMITH, MARY W**  
STREET ADDRESS **P.O. BOX 24**  
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE **TD** ☒ Change ☐ Addition  
NAME **JASON Mowrer**  
STREET ADDRESS **27492 US129**  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)