

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007028

1. Entity Name

PINE GROVE PARK VOLUNTEER FIRE DEPARTMENT, INC.



FILED
Aug 09, 2000 8:00 am
Secretary of State

07-17-2000 90071 042 ****61.25

Principal Place of Business

1420 PINE GROVE ROAD
ST. CLOUD FL 34771

Mailing Address

1420 PINE GROVE ROAD
ST. CLOUD FL 34771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3482704

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

LOWRY, MATT
1420 PINE GROVE ROAD
ST. CLOUD FL 34771

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
After September 13, 2000 min. will be \$236.25

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
NAME LOWRY, MATT
STREET ADDRESS 4884 MEADOW DRIVE
CITY-ST-ZIP ST. CLOUD FL 34772 ☐ Delete

TITLE VPD
NAME HARRIS, TOM JR.
STREET ADDRESS 6735 OLD MELBOURNE HWY.
CITY-ST-ZIP ST. CLOUD FL 34771 ☒ Delete

TITLE SD
NAME VICE, MELISSA
STREET ADDRESS 4530 KAISER AVE.
CITY-ST-ZIP ST. CLOUD FL 34772 ☒ Delete

TITLE D
NAME GEAR, FRANK
STREET ADDRESS 6375 CARROLL CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Delete

TITLE T
NAME TYRER, PHILIP
STREET ADDRESS 1637 TARPON BLVD.
CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VPD
NAME Rodney Poe
STREET ADDRESS 6625 Mitchellwood Ct,
CITY-ST-ZIP St. Cloud FL 34771 ☒ Change ☐ Addition

TITLE SD
NAME Jessica Woods
STREET ADDRESS 726 Country Woods Cir
CITY-ST-ZIP Kissimmee FL 34744 ☒ Change ☐ Addition

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)