

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016393

DOCUMENT # N97000007028

1. Entity Name

PINE GROVE PARK VOLUNTEER FIRE DEPARTMENT, INC.

FILED

02 OCT 11 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1420 PINE GROVE ROAD  
ST. CLOUD FL 34771

1420 PINE GROVE ROAD  
ST. CLOUD FL 34771

2. Principal Place of Business

4884 Meadow Dr

3. Mailing Address

4884 Meadow Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

St. Cloud, FL

Zip

34772

Country

USA

Zip

34772

Country

USA

4. FEI Number

59-3482704

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900008386819  
10/16/02--01001--016 \*\*61.25

TITLE VP  
NAME RYAN, JOHN  
STREET ADDRESS 1640 WOODS ST.  
CITY-ST-ZIP SAINT CLOUD FL 34771 ☐ Delete

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

TITLE SD  
NAME O'BERRY, BEATRICE  
STREET ADDRESS 1622 DOLPHIN DR  
CITY-ST-ZIP SAINT CLOUD FL 34771 ☐ Delete

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

TITLE C  
NAME HARRIS, TOM  
STREET ADDRESS 6735 OLD MELBORNE HWY  
CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Delete

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

TITLE T  
NAME VICE, MELISSA  
STREET ADDRESS 4530 KEISER AVE  
CITY-ST-ZIP SAINT CLOUD FL 34772 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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]*

10/17/02

407-592-7802

CR2E037 (4/02)