

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004758

1. Entity Name

GLADES AREA FIRE RESCUE VOLUNTEERS, INC.

Principal Place of Business

171 NORTH LAKE AVENUE  
PAHOKEE FL 33478

Mailing Address

171 NORTH LAKE AVENUE  
PAHOKEE FL 33478

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0873098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WETHERINGTON, BRUCE  
437 WEST MAIN STREET  
PAHOKEE FL 33478

7. Name and Address of New Registered Agent

Name LEVINS, MARVIN S.

Street Address (P.O. Box Number is Not Acceptable)

1631 Bacom Point Road

City Pahokee

FL

Zip Code

33476

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 date if applicable.

MARVIN S. LEVINS

BRUCE WETHERINGTON

(NOTE: Registered Agent signature required when reinstating)

4/8/02

8/18/02

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	DP	<input checked="" type="checkbox"/> Delete
NAME	WETHERINGTON, BRUCE	
STREET ADDRESS	437 WEST MAIN STREET #8	
CITY-ST-ZIP	PAHOKEE FL 33478	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LEVINS, MARVIN S	
STREET ADDRESS	1631 BACOM PT. RD	
CITY-ST-ZIP	PAHOKEE FL 33478	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LONGORIA, JOSE	
STREET ADDRESS	1115 GARDEN PLACE	
CITY-ST-ZIP	PAHOKEE FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Levins, Marvin S.	
STREET ADDRESS	1631 Bacom Pt. Rd.	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Longoria, Jose	
STREET ADDRESS	1115 Garden Place	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peaden, Curtis E.	
STREET ADDRESS	2659 Bacom Point Road	
CITY-ST-ZIP	Pahokee, FL 33476	
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		

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:

MARVIN S. LEVINS

3-11-02 (561) 924-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 01, 2002 8:00 am  
Secretary of State

03-26-2002 90021 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)