

2001 UNIFORM BUSINESS REPORT (UBR)

3
FILED
Apr 05, 2001 8:00 am
Secretary of State

03-19-2001 90009 018 ****61.25

DOCUMENT # N99000001098

1. Entity Name

BASCOM VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

4969 BASSWOOD RD
BASCOM FL 32423

P.O. BOX 121
BASCOM FL 32423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1643679**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SHIVERS, JERRY
5362 HUMMINGBIRD RD
BASCOM FL 32423

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

Jeffery Shivers (Chief or Director)

April 2, 2001

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

(NOTE: Registered Agent signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
DIXON, EUNICE ☐ Delete
5362 HUMMING BIRD RD
BASCOM FL 32423

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President (0) ☐ Change ☒ Addition
Jeffery Shivers
5362 Hummingbird Rd.
Bascom, FL 32423

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Delete
MOBBS, THEODORE L
WOLFPOUND ROAD
GREENWOOD FL 32443

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP (0) ☐ Change ☒ Addition
Larry Barker
P.O. Box 469
Mabbs, FL 32443

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Delete
KING, STEVEN
5425 8TH STREET
MALONE FL 32445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Theodore L. Mobbs (D) ☐ Change ☐ Addition
WOLFPOUND RD.
Greenwood, FL 32443

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD ☒ Delete
CHAMBLISS, KYLE
4764 BARTOW RD
BASCOM FL 32423

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD ☒ Delete
DICKENS, CHAD
4886 HIGHWAY 71
BASCOM FL 32423

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)(l), 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:

Jeffery Shivers

Feb 14, 2001 850-569-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)