

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90156 002 ****61.25

DOCUMENT # 732681

1. Entity Name

UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

**133-29 KENNEDY ST UNIT 1
 PO BOX 606 (MAILING ADDRESS)
 INTERLACHEN FL 32148**

Mailing Address

**133-29 KENNEDY ST UNIT 1
 PO BOX 606 (MAILING ADDRESS)
 INTERLACHEN FL 32148**

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

51-0191143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FRIEB, DELORES PD
 120 BONNIE AVE.
 INTERLACHEN FL 32148**

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**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **FRIEB, DELORES**
 CITY-ST-ZIP **120 BONNIE AVE.
 INTERLACHEN FL 32148**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **PELLICER, TOM**
 CITY-ST-ZIP **410 BRETT AVE
 INTERLACHEN FL 32148**

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **WHITEHOUSE, SHIRLEY**
 CITY-ST-ZIP **509 KENNEDY AVE
 INTERLACHEN FL 32148**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **IVINS, STEWART**
 CITY-ST-ZIP **1118 SWLMA AVE
 INTERLACHEN FL 32148**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **GILMORE, LOWELL**
 CITY-ST-ZIP **ROUTE 1 BOX 407 F N/A
 INTERLACHEN FL**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SCHWARM, LEONARD**
 CITY-ST-ZIP **420 EVANS AVE
 INTERLACHEN FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **VELMA PELLICER**
 CITY-ST-ZIP **410 BRETT AVE
 INTERLACHEN FL 32148**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **304 DAWN AVE**
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: LOWELL GILMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01

Date

904 684 6388

Daytime Phone #

CR2E037 (10/00)