

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90107 009 \*\*\*\*61.25

**DOCUMENT # 751967**

1. Entity Name

**HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.**

Principal Place of Business

Mailing Address

6001 MILLER BLUFF ROAD  
 MILTON FL 32583-6990

6001 MILLER BLUFF ROAD  
 MILTON FL 32583-6969

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

**59-1837172**

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

**BELISLE, DON**  
**11249 SILVERTON DR**  
**MILTON FL 32583**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD BELISLE, DON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	11249 SILVERTON DR MILTON, FL 00000 32583	
TITLE NAME	SD BESSETTE, ELLEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10325 W LAKE RD MILTON FL	
TITLE NAME	TRD SMITH, GERALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10325 W LAKE RD MILTON FL	
TITLE NAME	VD POWELL, BEVERLY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6301 DEATON BRIDGE R MILTON FL	
TITLE NAME	TD RICHARDSON, BILL E.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	ROUTE 16 BOX 166 MILTON FL 32583	
TITLE NAME	TRD TOLER, KAREN D.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6940 MERTIS WAY MILTON FL 32583	

TITLE NAME	PD Belisle, Don	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	11249 Silvertown Dr Milton, FL 32583	
TITLE NAME	Vp Gerald Smith	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10325 W lake RD Milton FL. 32583	
TITLE NAME	TRES Tina Richardson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	RT 18 Box 66 Milton, FL. 32583	
TITLE NAME	SEC. Daniel Nowling	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6950 Timbercrest RD. Milton, FL. 32583	
TITLE NAME	DIR. Karen Toler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6940 Mertis Way Milton, FL. 32583	
TITLE NAME	DIR. Beverly Powell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6302 Deaton BD. RD. Milton, FL. 32583	

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

*56 FEB 2000*

Date

Daytime Phone #

CR2E037 (9/99)