2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759941

FILED
Apr 04, 2000 8:00 am
Secretary of State
04-04-2000 90106 015 ****70.00

1. Entity Name

CROSS CREEK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
19109 S. COUNTY ROAD 325 HAWTHORNE FL 32640 US	19109 S CR 325 HAWTHORNE FL 32640-8415 US

DO NOT WRITE IN THIS SPACE

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 59-2887725 ☐ 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
PARTRIDGE, RALPH ~~HIGHWAY 325~~ ~~CROSS CREEK FL~~	Name Street Address (P.O. Box Number is Not Acceptable) 17603 S. CR 325 City HAWTHORNE FL Zip Code 32640

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 / STREET ADDRESS / CITY-ST-ZIP	SD ANGELL, ANNE T. RT 3 BOX 140C HAWTHORNE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14224 S.E. 180TH PLACE HAWTHORNE, FL 32640
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANGELL, PETER J. RT 3 BOX 140C HAWTHORNE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14224 S.E. 180K PLACE HAWTHORNE, FL 32640
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHEELER, LILLIAN RT 3 BOX 117 HAWTHORNE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 14802 S.E. 183RD AVE HAWTHORNE, FL 32640
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELLIOTT, BARBARA S. RT. 3, BOX 109 HAWTHORNE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15417 S.E. 182 ND AVE. HAWTHORNE, FL 32640
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARTRIDGE, RALPH ROUTE 3, BOX 145A HAWTHORNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 17603 S. CR 325 HAWTHORNE, FL 32640
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 Pete Partridge 3/31/00 (352) 466-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #