

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760635

1. Entity Name

GRENELEFE VOLUNTEER FIRE DEPARTMENT, INC.

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

03-04-2000 90113 022 ****61.25

Principal Place of Business

Mailing Address

49 WEST LAKE MARION ROAD
 HAINES CITY FL 33844

49 WEST LAKE MARION ROAD
 HAINES CITY FL 33844-8936

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDOX, JOHN
 2532 SR 546
 HAINES CITY FL 33844

Name **Jerry Brown**
 Street Address (P.O. Box Number is Not Acceptable) **839 N. Lakeshore Blvd.**
 City **Lake Wales** FL Zip Code **33853**

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

2/29/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	GRANT, ALTON C	
STREET ADDRESS	12 CANTERBURY DR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MADDOX, JOHN	
STREET ADDRESS	2532 SR 546	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VANBILLIARD, RICK	
STREET ADDRESS	49 WEST LAKE MARION RD	
CITY-ST-ZIP	HAINES FL 33844	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANCIS D	
STREET ADDRESS	12 TEMPLEDERRY AVE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	SSD	<input type="checkbox"/> Delete
NAME	BROWN, JAMES G	
STREET ADDRESS	839 N LAKESHORE BLVD	→
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIVINGTON, SCOTT	
STREET ADDRESS	3375 S.R. 546 E	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Jerry	
STREET ADDRESS	839 N. Lakeshore Blvd.	
CITY-ST-ZIP	Lake Wales, FL 33853	
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: Jerry Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/2000
Date

Daytime Phone #

CR2E037 (9/99)