

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93661 012 ****61.25

DOCUMENT # 760635

1. Entity Name

GRENELEFE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**49 WEST LAKE MARION ROAD
 HAINES CITY FL 33844**

**49 WEST LAKE MARION ROAD
 HAINES CITY FL 33844**

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

**BROWN, JERRY
 839 N LAKESHORE BLVD
 LAKE WALES FL 33853**

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

Jerry Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2002

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** Delete
 NAME **GRANT, ALTON C**
 STREET ADDRESS **12 CANTERBURY DR**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CLUGGTON, SCOTT**
 STREET ADDRESS **33 T5 SR 546 E**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **VANBILLIARD, RICK**
 STREET ADDRESS **49 WEST LAKE MARION RD**
 CITY-ST-ZIP **HAINES FL 33844**

TITLE **DP** Change Addition
 NAME **VANBILLIARD, RICK**
 STREET ADDRESS **158 COVENTRY CIRCLE**
 CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **TD** Delete
 NAME **JOHNSON, FRANCIS D**
 STREET ADDRESS **12 TEMPLEDERRY AVE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TSD** Delete
 NAME **BROWN, JERRY**
 STREET ADDRESS **839 N LAKESHORE BLVD**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP DON Bevin** Change Addition
 NAME **3 ABBEY COURT**
 STREET ADDRESS **HAINES CITY, FL 33844**
 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

4/28/2002

Date

863-678-0437

Daytime Phone #

CR2E037 (9/01)