2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am DOCUMENT # 766117 **Secretary of State** 1. Entity Name DUETTE VOLUNTEER FIRE/RESCUE DEPARTMENT, INC. 01-20-2000 90206 026 ****61.25 Principal Place of Business Mailing Address 34010-SR 62 3401-SR 62 DUETTE FL 33834 DUETTE FL 33834 902325 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2964858 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WALKER, DAVID L 33050 TAYLOR GRADE RD BOWLING GREEN FL 33834 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME LEONARD, JIM NAME STREET ADDRESS STREET ADDRESS 31550 HWY 62 CITY-ST-ZIP CITY-ST-ZIP **DUETTE FL 33834** TITLE ☐ Change ☐ Addition Delete TITLE NAME WALKER, DAVID STREET ADDRESS STREET ADDRESS 33050 TAYLOR GRADE RD CITY-ST-ZIP CITY-ST-ZIP DUETTE FL 33834 ☐ Change ☐ Addition TITLE ☐ Delete NAME TAPPAN, WADE NAME STREET ADDRESS STREET ADDRESS 30902 TAYLOR GRADE RD CITY-ST-ZIP CITY-ST-ZIP DUETTE FL ☐ Delete ☐ Change Addition TITLE TITLE NAME GLASSBURN, BETTY NAME STREET ADDRESS STREET ADDRESS KEENTOWN RD CITY-ST-ZIP CITY-ST-ZIP DUETTE FL 33834 ☐ Change [Addition TITI F Delete TITLE NAME KEEN, DONNA L. STREET ADDRESS STREET ADDRESS 8103 KENN CEMETARY ROAD CITY-ST-ZIP CITY-ST-ZIP **BOWLING GREEN FL** Delete TITLE ☐ Change ☐ Addition TITLE NAME O'CONNOR, JOHN NAME STREET ADDRESS 11075 TAYLOR GRADE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOWLING GREEN FL** 12. It 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. avidiwalker/14/00