

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90018 030 ****61.25

DOCUMENT # N05580

1. Entity Name

CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

2 WOODLAND AVENUE
 CANTONMENT FL 32533

2 WOODLAND AVENUE
 CANTONMENT FL 32533

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

JORDAN, DAVID
1550 GLENNA LANE
CANTONMENT FL 32533

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

David Jordan (President)

5 Feb 01

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: PD
 NAME: SMITH, JOHNNELL Delete
 STREET ADDRESS: 1550 GLENNA LANE
 CITY-ST-ZIP: CANTONMENT FL 32533

TITLE: PD Change Addition
 NAME: *David Jordan*
 STREET ADDRESS: *1032 Anetop Lane, Lot 5*
 CITY-ST-ZIP: *Cantonment, FL 32533*

TITLE: VP Delete
 NAME: MIDLAM, KEVIN
 STREET ADDRESS: 1976 CHAVERS RD LOT C
 CITY-ST-ZIP: CANTONMENT FL 32533

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: SD Delete
 NAME: ELDER, SHERRI D
 STREET ADDRESS: 1937 RYALE ROAD
 CITY-ST-ZIP: CANTONMENT FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: T Delete
 NAME: GOMES, MARIA
 STREET ADDRESS: 474 SCEPTOR COURT
 CITY-ST-ZIP: CANTONMENT FL 32533

TITLE: Treasurer Change Addition
 NAME: *Andy Martin*
 STREET ADDRESS: *133 Harvest Hill Dr*
 CITY-ST-ZIP: *Cantonment, FL 32533*

TITLE: D Delete
 NAME: WOMACK, PEGGY
 STREET ADDRESS: 602 COWLER AVE.
 CITY-ST-ZIP: CANTONMENT FL 32533

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: *602 Coulter Ave*
 CITY-ST-ZIP: Change Addition

TITLE: CB Delete
 NAME: PICKENS, LLOYD
 STREET ADDRESS: 109 HARVEST HILL DR.
 CITY-ST-ZIP: CANTONMENT FL 32533

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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: *David Jordan* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Feb 01

Date

850-937-2210

Daytime Phone #

CR2E037 (10/00)