

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11822

1. Entity Name

MONTICELLO VOLUNTEER FIRE DEPARTMENT, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90107 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 533  
MONTICELLO FL 32344

P.O. BOX 533  
MONTICELLO FL 32345-0533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2721366

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAWRENCE, LESTER  
1285 FLORIDA AVE.  
MONTICELLO FL 32344

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

*Lester Lawrence*

3-9-00

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	P	<input type="checkbox"/> Delete
NAME	BARFIELD, TIMOTHEE A	
STREET ADDRESS	590 VIRGINIA STREET	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LITTLEFIELD, JAY	
STREET ADDRESS	RT. 2 BOX 151	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, ELIZABETH	
STREET ADDRESS	1285 FLORIDA AVENUE	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, HANK	
STREET ADDRESS	165 COOPERS POND ROAD	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, MICHAEL	
STREET ADDRESS	425 N MULBERRY ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, DEMOTT	
STREET ADDRESS	645 N MULBERRY ST	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. G. Counts	
STREET ADDRESS	1420 Tennessee St.	
CITY-ST-ZIP	Monticello FL 32344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Derylene Counts	
STREET ADDRESS	205 E. Washington St.	
CITY-ST-ZIP	Monticello, FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Brumblay	
STREET ADDRESS	Rt. 1 Box 17-A	
CITY-ST-ZIP	Monticello FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Clark	
STREET ADDRESS	Rt. 1 Box 233 B	
CITY-ST-ZIP	Monticello FL 32344	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Littlefield	
STREET ADDRESS	Rt. 2 Box 151	
CITY-ST-ZIP	Monticello FL 32344	

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:

*Lester Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

850-997-2222

Daytime Phone #

CR2E037 (9/99)