

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N11822

FILED
May 28, 2002 8:00 AM
Secretary of State

Entity Name: MONTICELLO VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

1255 N JEFFERSON ST
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 961
MONTICELLO, FL 32345

New Mailing Address:

FEI Number: 59-2721366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, LESTER
1285 FLORIDA AVE.
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: COUNTS, DERYLENE
Address: 205 E WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

Title: P () Delete
Name: LITTLEFIELD, JAY
Address: RT. 2 BOX 151
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: COUNTS, W G JR
Address: 1420 TENNESSEE STREET
City-St-Zip: MONTICELLO, FL 32344

Title: V () Delete
Name: EVANS, HANK
Address: 165 COOPERS POND ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: BARFIELD, TIM
Address: 590 VIRGINIA STREET
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: LAWRENCE, LESTER
Address: 1285 FLORIDA AVENUE
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: COUNTS, DERYLENE
Address: 205 E. WASHINGTON STREET
City-St-Zip: MONTICELLO, FL 32344

Title: () Change () Addition
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERYLENE D. COUNTS

ST

05/28/2002

Electronic Signature of Signing Officer or Director

_____ Date