2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State **DOCUMENT # N13095** 1. Entity Name WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC. 03-04-2000 90075 020 ****61.25 Principal Place of Business Mailing Address P O BOX 1857 104 RACE ST HAWTHORNE FL 32640-1857 HAWTHORNE FL 32640 συσσευσε 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 59-2642235 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) INMAN, OLIVE R. 239 STAR LAKE DRIVE HAWTHORNE FL 32640 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition PD W. Delete TITLE TITLE MACKALL, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1147 COUNTY ROAD 20A CITY-ST-ZIP HAWTHORNE FL 32640 ☐ Addition Change ☐ Delete TITLE ٧Ŋ TITLE NAME NAME **CURTIS, RICHARD** STREET ADDRESS STREET ADDRESS 236 BAY STREET CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE FL-32640 Secretar ☐ Addition **™** Change ☐ Delete TITLE SD TITLE ill Busch NAME NAME BREWER, LISA ... 622 orange Ave STREET ADDRESS STREET ADDRESS 139 COWPEN LAKE PT. RD. EAST 32640 CITY-ST-ZIP CITY-ST-ZIF Hawthorne, Fl HAWTHORNE FL 32640 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME Jean Russell . STREET ADDRESS STREET ADDRESS 115 HYDE LN, PO BOX 1486 CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE FL 32640 Director ☐ Addition TITLE E. Patrick Young 119 E. Lake Cowpen Pt. Rd. Hawthorne, FL 32640 TITLE □ Delete NAME NAME FISHER JR. HAROLD STREET ADDRESS STREET ADDRESS 111 FISHER TRAIL CITY-ST-ZIP CITY-ST-7IP HAWTHORNE FL 32640 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STEPP. SHIRLEY STREET ADDRESS STREET ADDRESS 118 COWPEN LAKE PT. RD. EAST CITY-ST-7IP CITY-ST-ZIP HAWTHRONE FL 32640

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: JEONS WISSELL SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Treasurer

2/28/00 352-48/-2632