

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90075 020 ****61.25

DOCUMENT # N13095

1. Entity Name

WEST PUTNAM VOLUNTEER FIRE DEPARTMENT INC.

Principal Place of Business

Mailing Address

104 RACE ST
 HAWTHORNE FL 32640
 US

P O BOX 1857
 HAWTHORNE FL 32640-1857
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2642235

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

INMAN, OLIVE R.
239 STAR LAKE DRIVE
HAWTHORNE FL 32640

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

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 Delete
 NAME **PD MACKALL, ROBERT**
 STREET ADDRESS **1147 COUNTY ROAD 20A**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD CURTIS, RICHARD**
 STREET ADDRESS **236 BAY STREET**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BREWER, LISA**
 STREET ADDRESS **139 COWPEN LAKE PT. RD. EAST**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME **Jill Busch**
 STREET ADDRESS **622 Orange Ave**
 CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE Delete
 NAME **T JEAN RUSSELL**
 STREET ADDRESS **115 HYDE LN, PO BOX 1488**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D FISHER JR, HAROLD**
 STREET ADDRESS **111 FISHER TRAIL**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME **Director E. Patrick Young**
 STREET ADDRESS **119 E. Lake Cowpen Pt. Rd.**
 CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE Delete
 NAME **D STEPP, SHIRLEY**
 STREET ADDRESS **118 COWPEN LAKE PT. RD. EAST**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Jean Russell / Jean Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer**

2/28/00 352-481-2632
 Date Daytime Phone #

CR2E037 (9/99)