

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N43607**

1. Entity Name

NETTLE RIDGE VOLUNTEER FIRE DEPT. INCORPORATED

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

03-04-2000 90083 035 ****61.25

Principal Place of Business

Mailing Address

JANET DIETZ
RTE. 2, BOX 860
BLOUNTSTOWN FL 32424
US

JANET DIETZ
RTE. 2, BOX 860
BLOUNTSTOWN FL 32424-9536
US

2. Principal Place of Business

3. Mailing Address

19044 NE Elgin Morris Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Blountstown FL

4. FEI Number

59-3062266

Applied For

Not Applicable

Zip

Country

Zip

Country

32424

US

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

GUILFORD, BRAD
PO BOX 758
JOHN BRYANT RD
BLOUNTSTOWN FL 32424

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BLACKBURN, LLOYD	RT 2 BOX 819	BLOUNTSTOWN FL	<input checked="" type="checkbox"/>
D	DIETZ, JAMES	RT 2 BOX 880	BLOUNTSTOWN FL 32424	<input type="checkbox"/>
D	BURKETT, GREG	RT. 2 BOX 718	BLOUNTSTOWN FL	<input type="checkbox"/>
D	DAVIS, EDDIE	ROUTE 2 BOX 720-D	BLOUNTSTOWN FL	<input type="checkbox"/>
D	GUILFORD, BRAD	P.O. BOX 758, HIGHWAY 69N	BLOUNTSTOWN FL 32424	<input type="checkbox"/>
S	BRACEWALL, JOE F.	RT 2 BOX 860	BLOUNTSTOWN FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Jimmy Lee Holley	Rt 2 Box	Blountstown, FL 32424	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Guilford

1/13/00

(850) 488-8012

Daytime Phone #

CR2E037 (9/99)