2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am **DOCUMENT # N43607** Secretary of State 1. Entity Name NETTLE RIDGE VOLUNTEER FIRE DEPT. INCORPORATED 01-31-2001 90003 014 ****61.25 Principal Place of Business Mailing Address 19044 NE ELIGAH MORRIS RD JANET DIETZ RTE. 2. BOX 860 **BLOUNTSTOWN FL 32424** BLOUNTSTOWN FL 32424 3. Mailing Address Principal Place of Business 9056 Eligah Mouris St. DO NOT WRITE IN THIS SPACE ountstown ▲ Applied For City & State 4. FEI Number 59-3062266 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 324.24 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D. Dietz (P.Q. Box Number is Not Acceptable) GUILFORD, BRAD PO BOX 758 JOHN BRYANT RD Zip Code **BLOUNTSTOWN FL 32424** 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 egistered agent and title if applicable. red when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE HOLLEY, JIMMY L NAME NAME RT 2 BOX 819 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BLOUNTSTOWN FL** CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete DIETZ, JAMES NAME NAME RT_2_BOX_880 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL 32424** ☐ Delete Change ☐ Addition TITLE TITLE BURKETT, GREG NAME NAME RT. 2 BOX 718 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BLOUNTSTOWN FL** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DAVIS, EDDIE NAME NAME ROUTE 2 BOX 720-D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BLOUNTSTOWN FL** ☐ Addition ☐ Change TITLE Delete TITLE GUILFORD, BRAD NAME NAME P.O. BOX.758, HIGHWAY 69N STREET ADDRESS STREET ADDRESS **BLOUNTSTOWN FL 32424** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE ☐ Change BRACEWALL, JOE F. NAME NAME RT 2 BOX 860 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BLOUNTSTOWN FL** 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 e empowered.

KAEQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: