

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N96000003078**

1. Entity Name

**BLACKMAN COMMUNITY CENTER & VOLUNTEER FIRE DEPAR**

Principal Place of Business

Mailing Address

1850 HIGHWAY 2  
BAKER FL 32531

5 CLIFFORD DRIVE  
SHALIMAR FL 32579-1250

2. Principal Place of Business

3. Mailing Address

2107 Hwy 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Baker, FL

4. FEI Number

59-3461694

Applied For

Not Applicable

Zip

Country

Zip

Country

32531

Okaloosa

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

COURTNEY, EMMERIE J  
% BLACKWATER RIVER COUNTRY STORE  
7580 N. HIGHWAY 189  
BAKER FL 32531

Name  
Andrea S. Prestwood

Street Address (P.O. Box Number is Not Acceptable)

2107 Hwy 2

City  
Baker

FL

Zip Code  
32531

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	SD FUQUA, TOM 5 CLIFFORD DRIVE SHALIMAR FL 32579	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEW, SAM 7712 PEACOCK ROAD BAKER FL 32531	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, RAYMOND 7638 N. HIGHWAY 189 BAKER FL 32531	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dale Finkel 1249 Finkel Rd Baker, FL 32531	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andrea S. Prestwood 2107 Hwy 2 Baker, FL 32531	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Randy Batson 1982 Horse Creek Rd Baker FL 32531	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen Tew 7491 Red Barrow Rd Baker, FL 32531	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen Sloan 7584 Hwy 189 N Baker, FL 32531	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

(850)689-5862

Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90017 025 \*\*\*\*61.25

CR2E037 (9/99)