

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000701

1. Entity Name

HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90270 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 317  
HOSFORD FL 32334

P.O. BOX 317  
HOSFORD FL 32334-0317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3446302

Applied For

Not Applicable

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

SUMNER, RUDY G  
HWY 65 S  
TELOGIA FL 32360

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 D ☐ Delete  
NAME BROWN, LARYUS  
STREET ADDRESS RT 1 BOX 36  
CITY-ST-ZIP HOSFORD FL 32334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HOLLEY, JIMMY  
STREET ADDRESS CHESTER STREET  
CITY-ST-ZIP HOSFORD FL 32334

TITLE ☐ Change ☒ Addition  
NAME Sec Treas.  
STREET ADDRESS Shanna Pullam  
CITY-ST-ZIP PO Box 2  
Telegia FL 32360

TITLE D ☐ Delete  
NAME KENT, IVEY  
STREET ADDRESS PO BOX 221  
CITY-ST-ZIP HOSFORD FL 32334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME EVANS, BILL  
STREET ADDRESS PO BOX 276  
CITY-ST-ZIP HOSFORD FL 32334

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME SUMNER, RUDY G  
STREET ADDRESS PO BOX 72  
CITY-ST-ZIP TELOGIA FL 32360

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME KINCAID, BRAD  
STREET ADDRESS PO BOX 506  
CITY-ST-ZIP HOSFORD FL 32334

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:

*Rudy G Sumner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)