

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90049 017 ****61.25

DOCUMENT # 718327

1. Entity Name

GEORGETOWN-FRUITLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 8
 GEORGETOWN FL 32139-0008

P.O. BOX 8
 GEORGETOWN FL 32139-0008

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

59-1990913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLYMER, BERNICE
115 DRAYTON ISLAND FERRY RD.
GEORGETOWN FL 32139

7. Name and Address of New Registered Agent

Name

PATRICIA A. BOYD

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

1474 C.R. 309

City

Georgetown

FL

Zip Code

32139

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

Bernice Clymer Patricia A. Boyd 1/23/02

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

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BABBITT, EDWARD E | |
| STREET ADDRESS | P.O. BOX 5 | |
| CITY-ST-ZIP | GEORGETOWN FL 32139 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, OSGOOD J. | |
| STREET ADDRESS | STAR RT 1, BOX 145 | |
| CITY-ST-ZIP | CRESCENT CITY FL 32112 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | CARSWELL, CAROL | |
| STREET ADDRESS | STAR RT 2, BOX 440 | |
| CITY-ST-ZIP | CRESCENT CITY FL 32112 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MILLER, THERESA | |
| STREET ADDRESS | P.O. BOX 693 | |
| CITY-ST-ZIP | GEORGETOWN FL 32139 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BABBITT, LOUISE | |
| STREET ADDRESS | P.O. BOX 5 | |
| CITY-ST-ZIP | GEORGETOWN FL 32139 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYD, PATRICIA | |
| STREET ADDRESS | 1474 CR 309 | |
| CITY-ST-ZIP | GEORGETOWN FL 32139 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VICE PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRY NUQUIST | |
| STREET ADDRESS | 152 Point HARBOR Cir. | |
| CITY-ST-ZIP | Georgetown, FL 32139 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICIA A. BOYD | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02 386-467-3345

CR2E037 (9/01)