5/4

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
05-04-2000 90136 001 ****61.25

DOCUMENT # 701851

1. Entity Name

THE BAILEY-ROAD VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
2100 SOUTH STATE ROAD 7 N. LAUDERDALE FL 33068	2100 SOUTH STATE ROAD 7 N. LAUDERDALE FL 33068

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1552767 — 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
LONDON, ALLAN 9022 NW 28TH DRIVE #303 CORAL SPRINGS FL 33065	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 PDT NAME ELDON, WALTER B. IV STREET ADDRESS 8306 NW 74 TERR CITY-ST-ZIP TAMARAC FL ☐ Delete CHANGE	TITLE D NAME ELDON WALTER B. IV STREET ADDRESS 8306 NW 74 TR CITY-ST-ZIP TAMARAC, FL ☑ Change ☐ Addition
TITLE D NAME OWENS, JAMES J., II STREET ADDRESS 5140 NW 76 PL CITY-ST-ZIP POMPANO FL 33073 ☐ Delete	TITLE OS NAME STREET ADDRESS CITY-ST-ZIP ONLY title CHANGED ☑ Change ☐ Addition
TITLE DS NAME LONDON, ALLAN STREET ADDRESS 9022 NW 28TH DR. #303 CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete	TITLE PDT NAME STREET ADDRESS CITY-ST-ZIP ONLY title CHANGED ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/99)

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 ENTERED 4/24/00 9547286242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #