**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # 706160** 1. Entity Name SOUTHPORT VOLUNTEER FIRE DEPARTMENT, INC. 02-05-2001 90057 010 \*\*\*\*70.00 Principal Place of Business Mailing Address 2115 HWY 2321 2115 HWY 2321 SOUTHPORT FL 32409 SOUTHPORT FL 32409 C0016991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-0043100 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **ERVIN PAGE HWY 77 A** SOUTHPORT FL 32409 City Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CDT TITLE ☐ Delete TITI F Addition NAME TAYLOR, MICHAEL L NAME STREET ADDRESS 8821 SILVERLEAF AVE. STREET ADDRESS CITY-ST-ZIP SOUTHPORT FL CITY-ST-ZIP *3*2409 CD Delete TITI F Change Ch ☐ Addition .. D NAME TAYLOR, RONNIE NAME STREET ADDRESS 8825 SILVERLEAF AVE. STREET ADDRESS CITY-ST-ZIP SOUTHPORT FL 32409 CITY-ST-7IP TITLE ☐ Delete TITLE Change DC ☐ Addition NAME ----MILLS: BOBBY-NAME STREET ADDRESS 2013 BALL PARK RD STREET ADDRESS 9405 Kingswood Rd. CITY-ST-ZIP SOUTHPORT FL CITY-ST-ZIP Southport, FL. TITLE □ Delete TITLE ☐ Change Addition A NAME Gerald Merritt STREET ADDRESS STREET ADDRESS 2621 Hwy 2321 CITY-ST-7IF CITY-ST-ZIP Southport, FL <del>32409</del> TITLE ☐ Delete ☐ Change Addition 🖈 NAME NAME Yanda Mills STREET ADDRESS STREET ADDRESS 9405 Kingswood Rd. CITY-ST-ZIP CITY-ST-ZIP Southport, FL. 32409 TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

12. Thereby 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

1-29-01

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