

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90151-009-\$70.00-\$70.00

DOCUMENT # 709100

1. Entity Name

HALIFAX VOLUNTEER FIREMENS ASSOCIATION AND RESCU

FILED

00 SEP 25 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1288 8TH ST.
DAYTONA BCH FL 32117
US

Mailing Address

P O BOX 730065
ORMOND BCH FL 32173-0065
US

2. Principal Place of Business

1580 Derbyshire Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Holly Hill, Florida

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32117

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LALONDE, L
34 TWIN RIVER DR
ORMOND BCH FL 32174

7. Name and Address of New Registered Agent

Name *LA LONDE, Lloyd E.*

Street Address *P.O. Box Number is Not Acceptable*

City

please not space if all capital letters

FL

Zip Code

32174-4833

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

Lloyd E. LaLonde, Board of Director

DATE

9/9/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 **P** Delete
NAME **MYLES, ALFRED**
STREET ADDRESS **932 OLEANDER AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **Pres.** Change Addition
NAME **Shawn Russo**
STREET ADDRESS **611 Gladiola Ave.**
CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE **VP** Delete
NAME **RUSSO, SHAWN**
STREET ADDRESS **337 LONDON RD**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **VP** Change Addition
NAME **George Tolburt**
STREET ADDRESS **1233 Derbyshire Rd.**
CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE **BD** Delete
NAME **JEWELL, DAVID**
STREET ADDRESS **610 ORCHARD AVE**
CITY-ST-ZIP **ORMOND FL**

TITLE **Tres.** Change Addition
NAME **Alfred N. Myles, Sr.**
STREET ADDRESS **1120 Clearwater Dr.**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **T** Delete
NAME **LALONDE, LLOYD**
STREET ADDRESS **34 TWIN RIVER DR**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **Sec.** Change Addition
NAME **Mary Yochon**
STREET ADDRESS **10 Poinsettia Dr.**
CITY-ST-ZIP **ORMOND BEACH, FL 32176**

TITLE **BD** Delete
NAME **LANGE, DAVID**
STREET ADDRESS **1216 KENNEDY RD -APT 16**
CITY-ST-ZIP **DAYTONA BCH FL 32117**

TITLE **Board of Dir.** Change Addition
NAME **David Manogg**
STREET ADDRESS **1 Fisherman's Cir. - Apt. 8**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **P** Delete
NAME **BELTRAMI, RICHARD**
STREET ADDRESS **1108 VALENCIA AVE**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE **Board of Dir.** Change Addition
NAME **Lloyd E. LaLonde**
STREET ADDRESS **34 Twin River Dr.**
CITY-ST-ZIP **Ormond Beach, FL 32174-4833** | **TS**

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:

Alfred N. Myles Sr. **ALFRED N. MYLES Sr. Treasurer**

Date

9/9/00 **904 253-2019**

Daytime Phone #

CR2E037 (500)