2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90037 031 ****61.25

DOCUMENT # 709802

1. Entity Name

INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
200 COMMONWEALTH AVE. P.O. BOX 125 INTERLACHEN FL 32148	200 COMMONWEALTH AVE. P.O. BOX 125 INTERLACHEN FL 32148-0125

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 59-2387070 ☐ 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
VALENTINE, BABARA J PO BOX 1173 233 LAKE LUCY CRESCENT INTERLACHEN FL 32148	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

TITLE	DTV	☐ Delete
NAME	VALENTINE, BARBARA J	
STREET ADDRESS	PO BOX 1173, 233 LAKE LUCY CRESCENT	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	PD	☐ Delete
NAME	WARREN, GARY	
STREET ADDRESS	HC1 BOX 92, 118 REDFOX RD	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	☐ Delete
NAME	VALENTINE, KEVIN J.	
STREET ADDRESS	PO BOX 1173, 233 LAKE LUCY CRESCENT	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	DS	☐ Delete
NAME	TROUT, DAVID	
STREET ADDRESS	102 ATHENS	
CITY-ST-ZIP	INTERLACHEN FL 33148	
TITLE	DC	☐ Delete
NAME	WARREN, GARY	
STREET ADDRESS	HC1 BOX 92, 118 REDFOX RD.	
CITY-ST-ZIP	PALATKA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: David E Trout 1/6/00 904 684 2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #