

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709802

1. Entity Name

INTERLACHEN AREA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

200 COMMONWEALTH AVE.
P.O. BOX 125
INTERLACHEN FL 32148

Mailing Address

200 COMMONWEALTH AVE.
P.O. BOX 125
INTERLACHEN FL 32148

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

59-2387070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALENTINE, BARBARA J
PO BOX 1173
233 LAKE LUCY CRESCENT
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent

Name Edward Bogert

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

258 Lakeview Way

City Interlachen

FL

Zip Code 32148

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
NAME VALENTINE, BARBARA J
STREET ADDRESS PO BOX 1173, 233 LAKE LUCY CRESCENT
CITY-ST-ZIP INTERLACHEN FL ☐ Delete

TITLE PD
NAME WARREN, GARY
STREET ADDRESS HC1 BOX 92, 118 REDFOX RD
CITY-ST-ZIP PALATKA FL ☒ Delete

TITLE D
NAME VALENTINE, KEVIN J.
STREET ADDRESS PO BOX 1173, 233 LAKE LUCY CRESCENT
CITY-ST-ZIP INTERLACHEN FL 32148 ☒ Delete

TITLE DS
NAME TROUT, DAVID
STREET ADDRESS 102 ATHENS
CITY-ST-ZIP INTERLACHEN FL 33148 ☐ Delete

TITLE DC
NAME WARREN, GARY
STREET ADDRESS HC1 BOX 92, 118 REDFOX RD.
CITY-ST-ZIP PALATKA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME Edward Bogert
STREET ADDRESS 258 Lakeview Way
CITY-ST-ZIP Interlachen, FL 32148 ☒ Change ☐ Addition

TITLE D
NAME Billy Sparks
STREET ADDRESS 401 Martha Street
CITY-ST-ZIP Interlachen, FL 32148 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC
NAME Edward Bogert
STREET ADDRESS 258 Lakeview Way
CITY-ST-ZIP Interlachen, FL 32148 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90017 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Date Daytime Phone #