2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90144 005 ****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

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
VALENTINE, BARBARA J 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 Barbara Valentine 1/21/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV VALENTINE, BARBARA J PO BOX 1173, 233 LAKE LUCY CRESCENT INTERLACHEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD Valentine, Barbara J PO. Box 1173, 233 Lake Lucy Crescent Interlachen, Fl. 32148	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARREN, GARY HC 1 BOX 92, 118 REDFOX RD PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Warren, Gary HC1 Box 92, 118 RedFox Rd. Palatka, Fl. 32178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENTINE, KEVIN J P.O. BOX 1173, 233 LAKE LUCY CRESCENT INTERLACHEN FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim Busch P.O. Box 1925 Hawthorne, Fl. 32640	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIBBLE, WILLIAM 111 DIXON ST INTERLACHEN FL 32148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, CHAD 141 SECOND WAY, P.O. BOX 566 INTERLACHEN FL 32148	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Jill Busch P.O. Box 1925 Hawthorne, Fl. 32640	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WARREN, GARY HC1 BOX 92, 118 REDFOX RD PALATKA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Barbara Valentine TREASURER 1/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #