

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90211 036 ****61.25

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara Valentine

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VALENTINE, BARBARA J PO BOX 1173, 233 LAKE LUCY CRESCENT INTERLACHEN FL 32148	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WARREN, GARY HC 1 BOX 92, 118 REDFOX RD PALATKA FL 32178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, JIM P.O BOX 1925 HAWTHORNE FL 32640	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIBBLE, WILLIAM 111 DIXON ST INTERLACHEN FL 32148	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUSCH, JILL P.O BOX 1925 HAWTHORNE FL 32640	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

CR2E037 (10/02)