

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90028 028 ****70.00

DOCUMENT # 709830

1. Entity Name

SWITZERLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

1120 SHEFFIELD RD
 SWITZERLAND FL 32259
 US

1120 SHEFFIELD RD
 SWITZERLAND FL 32259-9091
 US

00024000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2959604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHITE, NEALY
1620 RAINCROW DRIVE
SWITZERLAND FL 32259

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, NEALY	
STREET ADDRESS	1620 RAINCROW DRIVE	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDONNELL, LORETTA	
STREET ADDRESS	726 ST MORITZ CT	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HATLEY, JOHN	
STREET ADDRESS	472 FRUIT COVE RD.	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINNEY, ROBIN R	
STREET ADDRESS	2333 MARLEE RD S	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPEELMAN, VICKI A	
STREET ADDRESS	1380 SCOTT RD	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Neal White*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000
 Date

287-0044 #2
 Daytime Phone #

CR2E037 (9/99)