

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719023

1. Entity Name

HILAND PARK VOLUNTEER FIRE DEPARTMENT INCORPORAT

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90155 011 ****61.25

Principal Place of Business

Mailing Address

2801 E. LAFAYETTE RD
PANAMA CITY FL 32405
US

2801 LAFAYETTE RD
PANAMA CITY FL 32405-6992
US

C0006140



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

59-3030698

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

Name

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

City

FL

Zip Code

POLLARD, TOMMIE
2837 N. PANAMA AVENUE
PANAMA CITY FL 32405

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	V	<input type="checkbox"/> Delete
NAME	TAYLOR, CHRISTOPHER	
STREET ADDRESS	3904 WEST 11TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, KYLE	
STREET ADDRESS	2825 COCOA AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	POLLARD, TOMMIE	
STREET ADDRESS	2837 NORTH PANAMA AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, DOUG	
STREET ADDRESS	3011 GAMEFARM RD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRIS, TERRY	
STREET ADDRESS	2523 E. 37TH PLAZA	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VILE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CHRISTOPHER	
STREET ADDRESS	2528 CHAULER CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAYSON, JOHN	
STREET ADDRESS	175 DERBY WOODS DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, CARL	
STREET ADDRESS	1530 CRYSTAL LEE COURT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
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 reports 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:

CHRISTOPHER TAYLOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99
Date

(850) 869-0535
Daytime Phone #

CR2E037 (9/99)