

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90089 013 ****61.25

DOCUMENT # 719023

1. Entity Name

HILAND PARK VOLUNTEER FIRE DEPARTMENT INCORPORAT

Principal Place of Business

2801 E. LAFAYETTE RD
 PANAMA CITY FLA 32405
 US

Mailing Address

2801 LAFAYETTE RD
 PANAMA CITY FL 32405
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3030698

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

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

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 **VP** Delete
 NAME **TAYLOR, CHRISTOPHER**
 STREET ADDRESS **2578 CHAULER CIR**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **THOMPSON, KYLE**
 STREET ADDRESS **2825 COCOA AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **POLLARD, TOMMIE**
 STREET ADDRESS **2837 NORTH PANAMA AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GRAYSON, JOHN**
 STREET ADDRESS **175 DERBY WOODS DR**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GLOVER, CARL**
 STREET ADDRESS **1530 CRYSTAL LEE CT**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 *Tommie Pollard* **RETURNED TO SENDER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-15-2001** Daytime Phone # **850-762-6880**

CR2E037 (10/00)