

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2000 8:00 am**
Secretary of State

01-24-2000 90103 008 ****61.25

DOCUMENT # 720472

1. Entity Name

ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

GIL BARRERAS
9591 N.E. 21ST AVE
ANTHONY FL 32617**GIL BARRERAS**
9591 N.E. 21ST AVE
ANTHONY FL 32617-3611

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

59-1938639

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

BARRERAS, GIL
9591 N.E. 21ST AVE
ANTHONY FL 32617

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

GIL BARRERAS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/18/00***FILE NOW:**
FEE IS \$61.259. 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 **C** ☐ Delete
NAME **BARRERAS, GIL**
STREET ADDRESS **9591 N.E. 21ST AVE**
CITY-ST-ZIP **ANTHONY FL 32617**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TVC** ☐ Delete
NAME **BECKLER, KEITH**
STREET ADDRESS **9591 NE 21ST AVE**
CITY-ST-ZIP **ANTHONY FL 32617**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BOWLIN, KARL**
STREET ADDRESS **9591 NE 21ST AVE**
CITY-ST-ZIP **ANTHONY FL 32617**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MACCARTHY, ROBIN**
STREET ADDRESS **9591 NE 21ST AVE**
CITY-ST-ZIP **ANTHONY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **BARRERAS, VICTORIA**
STREET ADDRESS **9591 N.E. 21ST AVE.**
CITY-ST-ZIP **ANTHONY FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BARRERAS, DONNIE**
STREET ADDRESS **9591 N.E. 21ST AVE.**
CITY-ST-ZIP **ANTHONY FL 32617**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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 **352-620-3411**