

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726472

1. Entity Name

LAKE ALFRED FIRE DEPARTMENT BENEVOLENT ASSOCIATI

Principal Place of Business

185 E POMELO ST  
LAKE ALFRED FL 33850  
US

Mailing Address

185 E POMELO ST  
LAKE ALFRED FL 33850  
US

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

59-6000350

APPLIED FOR

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

CRITTENDEN, ROBERT R  
103 AVE A N W  
WINTER HAVEN FL 33880

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  
After September 13, 2000 min. will be \$236.25

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 D  
NAME DUNCAN, DARCON  
STREET ADDRESS 735 EVOGUST  
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ Delete

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

TITLE VP  
NAME BEASLEY, BRIAN  
STREET ADDRESS 125 7TH PL  
CITY-ST-ZIP WINTER HARBOR FL 33880 ☒ Delete

TITLE VP  
NAME JIM BROWN  
STREET ADDRESS 215 N. BUENA VISTA  
CITY-ST-ZIP LAKE ALFRED, FL 33850 ☒ Change ☐ Addition

TITLE S  
NAME BROWN, JIM  
STREET ADDRESS 215 N BUENA VISTA DR  
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ Delete

TITLE S  
NAME MIKE CORNEIL  
STREET ADDRESS 160 N ROCHELLE AVE  
CITY-ST-ZIP LAKE ALFRED, FL 33850 ☒ Change ☐ Addition

TITLE D  
NAME CLOUD, LARRY  
STREET ADDRESS 355 GOODMAN AVE S  
CITY-ST-ZIP LAKE ALFRED FL 33850 ☐ Delete

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

TITLE T  
NAME ALLEN, LISA MARIE  
STREET ADDRESS 145 E PRICE ST  
CITY-ST-ZIP LAKE ALFRED FL 33850 ☒ Delete

TITLE T  
NAME BRIAN BEASLEY  
STREET ADDRESS 3309 QUEENS COVE LOOP  
CITY-ST-ZIP WINTER HAVEN, FL 33880 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Larry D. Cloud LARRY D. Cloud 7-6-00 (863) 291-5202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jul 21, 2000 8:00 am  
Secretary of State

07-21-2000 90003 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)