

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726600

1. Entity Name

BAYOU GEORGE VOLUNTEER FIRE DEPARTMENT, INC.

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

01-19-2000 90305 040 ****61.25

Principal Place of Business

Mailing Address

9041 HIGHWAY 2301
YOUNGSTOWN FL 32466
US

9041 HIGHWAY 2301
YOUNGSTOWN FL 32466-2386
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3031340

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

SERPAS, FRANK E
6315 AMMONS LANE
YOUNGSTOWN FL 32466

Name LEONHARDT C. BUHRKE

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

7225 CAMPFLOWERS RD,

City YOUNGSTOWN FL Zip Code 32466

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 LEONHARDT C. BUHRKE

Leonhardt C. Buhrke

1-11-2000

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
NAME HARRINGTON, JAMES M JR
STREET ADDRESS 8638 E BAYHEAD CT
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

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

TITLE PD
NAME OSMER, WILLIAM E
STREET ADDRESS 8527 KLONDYKE RD
CITY-ST-ZIP YOUNGSTOWN FL ☐ Delete

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

TITLE S
NAME BRYANT, CHRISTOPHER A
STREET ADDRESS 9300 LAKE FOREST DR
CITY-ST-ZIP YOUNGSTOWN FL 32466 ☐ Delete

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

TITLE T
NAME BUHRKE, CONNIE
STREET ADDRESS 7225 CAMPFLOWERS ROAD
CITY-ST-ZIP YOUNGSTOWN FL ☐ Delete

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

TITLE BOD
NAME BUHRKE, LEONHARDT
STREET ADDRESS 7225 CAMPFLOWERS
CITY-ST-ZIP YOUNGSTOWN FL ☐ Delete

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

TITLE D
NAME WRITCH, BILLY H JR
STREET ADDRESS 3107 AMANDA CIR
CITY-ST-ZIP PANAMA CITY FL 32404 ☐ 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:

Signature Required

1-11-2000 722-9762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/99)