

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90029 009 ****61.25

0063254

DOCUMENT # 726600

1. Entity Name

BAYOU GEORGE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

9033 HIGHWAY 2301
 YOUNGSTOWN FL 32466
 US

Mailing Address

9033 HIGHWAY 2301
 YOUNGSTOWN FL 32466
 US

2. Principal Place of Business *9033 Hwy 2301*
see above

3. Mailing Address *9033 Hwy 2301*
see above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Youngstown Fl

City & State

32466 Youngstown Fl

FEI Number

59-3031340

Applied For

Not Applicable

Zip *32466*

Country *Bay*

Zip *32466*

Country *Bay*

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUHRKE, LEONHARDT C
7225 CAMPFLOWERS RD
YOUNGSTOWN FL 32466

7. Name and Address of New Registered Agent

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

Leonhardt C. Buhrke

Board of Directors

1-18-02

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

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

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

TITLE ☒ Delete
 NAME **S OSMER, LAWRENCE JR**
 STREET ADDRESS **8527 KLONDYKE RD**
 CITY-ST-ZIP **YOUNGSTOWN FL 32466**

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

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

TITLE ☐ Delete
 NAME **BOD SCHULTZ, CHARLIE**
 STREET ADDRESS **10248 HWY 231**
 CITY-ST-ZIP **PANAMA CITY FL 32404**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
 NAME **BOD MIKE ODOM**
 STREET ADDRESS **8925 KIWI LANE**
 CITY-ST-ZIP **YOUNGSTOWN FL 32466**

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

TITLE ☐ Change ☐ Addition
 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:

Leonhardt C. Buhrke
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)