

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **727753**

1. Entity Name

**BLOOMINGDALE VOLUNTEER FIRE DEPARTMENT, INC.**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90067 003 \*\*\*\*61.25

Principal Place of Business <b>4705 E BLOOMING DALE AVE VALRICO FL 33594 US</b>	Mailing Address <b>4705 E BLOOMINGDALE AVE VALRICO FL 33594-6026 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1699641</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LANSKY, GLEN R EQUIRE  
 915 OAKFIELD DRIVE  
 SUITE F  
 BRANDON FL 33511**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PDT</b>	<input type="checkbox"/> Delete
NAME <b>FRANCIS, MICHAEL J III</b>	
STREET ADDRESS <b>1816 ALCORN ROAD</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> Delete
NAME <b>BROWN, CHARLES</b>	
STREET ADDRESS <b>5401 ROLLING FAIRWAY DRIVE</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>BARFIELD, JAMES</b>	
STREET ADDRESS <b>2203 DURANT ROAD</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>CURRIE, JAMES A</b>	
STREET ADDRESS <b>1309 IVYWOOD DRIVE</b>	
CITY-ST-ZIP <b>BRANDON FL 33510</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MILLER, RODNEY</b>	
STREET ADDRESS <b>3410 CADE LANE</b>	
CITY-ST-ZIP <b>VALRICO FL 33594</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 employment.

SIGNATURE: *Francis J. Michael III* **FRANCIS J. MICHAEL III** 1-12-2000 (813) 689 1124  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)