2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **727889** Apr 11, 2000 8:00 am Secretary of State PASCO VOLUNTEER FIREFIGHTER'S ASSOCIATION, INCOR 04-11-2000 90042 023 ****61.25 Principal Place of Business Mailing Address 34212 CNTY RD. 44B 34212 CNTY RD. 448 EUSTIS FL 32736-7217 EUSTIS FL 32726-7217 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59 6520770 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HENDRICKS, DOUG 2506 CHERRY BLOSSOM CT EUSTIS FL 32726 Zio Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5,00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition TITLE PP Change TITLE ☐ Delete WALTON NAME DON NAME DOUG HENDRICKS LAKE FOREST CIR STREET ADDRESS STREET ADDRESS 500 2506 CHERRY BLOSSOM CT CITY-ST-ZIP CITY-ST-ZIP HT DORA FL 32757 EUSTIS FL 32726 VPD Addition 🔀 Change ☐ Delete TITLE TITLE **VPD** JAMES LINDHURST JR **NENA ORTIZ** NAME 11 th AVE 631 STREET ADDRESS STREET ADDRESS 1015 E 11TH AVE ---32757 FL CITY-ST-ZIP CITY-ST-ZIP MT DORA <u>MT DORA FL 32757</u> Change ☐ Addition ☐ Delete TITLE TD TITLE TD ORTIZ **GLORIA CORBET** NAME DAN 1015 E. 11+6 AVE STREET ADDRESS STREET ADDRESS 16035 UMATILLA PL CITY-ST-ZIP CITY-ST-ZIP MT DORA FL 32757 <u>umatilla FL 32784</u> SD. Change ☐ Addition TITLE ☐ Delete TITLE SD HENDRICKS Dou 6 NAME NAME LINDHURST, JAMES JR CHERRY BLOSSOM CT STREET ADDRESS 2506 STREET ADDRESS 631 E 11TH AVE CITY-ST-ZIP FL 32726 CITY-ST-ZIP MT DORA FL EUSTIS Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachme nt with an address

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR