

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**  
 04-12-2001 90173 017 \*\*\*\*61.25

0000012

**DOCUMENT # 728246**

1. Entity Name

**BAKERSVILLE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

**BAKERSVILLE VFD  
 4655 CR 208  
 SAINT AUGUSTINE FL 32092**

Mailing Address

**BAKERSVILLE VFD  
 4655 CR 208  
 SAINT AUGUSTINE FL 32092**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7349493**

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

**MILLER, LINDA  
 1850 BENNETT RD  
 SAINT AUGUSTINE FL 32092**

7. Name and Address of New Registered Agent

Name **Lanzer, Melissa**

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

**7221 CR 208**

City **St Augustine**

**FL**

Zip Code **32092**

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

*Melissa Lanzer* **Melissa Lanzer Secretary/Treasurer 01/21/01**

Signature, typed or printed name of registered agent and file 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 **DC LANZER, CHRIS**  
 STREET ADDRESS **7221 CR 208**  
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE ☐ Delete  
 NAME **D CLARK, SUSAN**  
 STREET ADDRESS **1750 BENNETT RD LOT L**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ Delete  
 NAME **T LANZER, MELISSA**  
 STREET ADDRESS **7221 CR 208**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE ☐ Delete  
 NAME **D CAREY, JAMES**  
 STREET ADDRESS **5925 PINECREEK DR**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ Delete  
 NAME **V CLARK, JERRY**  
 STREET ADDRESS **1750 BENNETT ROAD, LOT L**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32092**

TITLE ☐ Delete  
 NAME **DV LANG, MIKE**  
 STREET ADDRESS **2570 PELLICER RD**  
 CITY-ST-ZIP **ST. AUGUSTINE FL**

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  
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 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:

*Michael Lang* **RECEIVED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/01**  
 Date

**904-363-6512**  
 Daytime Phone #

CR2E037 (10/00)