

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90131 039 ****61.25

DOCUMENT # 730501

1. Entity Name

SUNNY HILLS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

4004 COLUMBIA BLVD
 SUNNY HILLS FL 32428-2905
 US

Mailing Address

4004 COLUMBIA BLVD
 SUNNY HILLS FLORIDA 32428-2905
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7446544**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, EUNICE PRES
3941 KINLOCK DRIVE
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name **Mark Kirk**

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

1721 Haverhill Drive

Chipley FL 32428

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

Mark Kirk

1-25-02

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 **ST SPIRES, PAM**
 STREET ADDRESS **2051 POSEY ACRES RD**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Delete
 NAME **D TABACK, HARRY**
 STREET ADDRESS **1748 SALEM DR**
 CITY-ST-ZIP **SUNNY HILLS FL 32428**

TITLE ☐ Delete
 NAME **D KICK, MARK**
 STREET ADDRESS **1721 HAVERHILL DR**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE ☐ Delete
 NAME **McKinney, Eunice**
 STREET ADDRESS **3941 Kinlock Dr**
 CITY-ST-ZIP **Chipley FL 32428**
Director

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **To back**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Kirk**
 STREET ADDRESS
 CITY-ST-ZIP

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:

SKIN RISE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/02

Date

850 747-6741

Daytime Phone #

CR2E037 (9/01)