

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731079

1. Entity Name

BERRYDALE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

13000 HWY 87 NORTH
JAY FL 32565
US

13000 HWY 87 NORTH
JAY FL 32565-2306
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2744398

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

7. Name and Address of New Registered Agent

WELCH, LINDA
6300 JACK HOLLAND RD
MILTON FL 32570

Name

DEBRA CAGLE

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

7095 Hwy 4

JAY, FL.

32565

City

FL

Zip Code

32565

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

Debra Cagle Secretary
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ELLIS, GENE
STREET ADDRESS 6785 ELLIS RD
CITY-ST-ZIP JAY FL 32565 ☒ Delete

TITLE PRESIDENT
NAME KEVIN NELSON
STREET ADDRESS 6895 LOGAN LANE
CITY-ST-ZIP JAY, FL. 32565 ☐ Change ☒ Addition

TITLE SD
NAME CAGLE, DEBRA
STREET ADDRESS 7095 HWY 4
CITY-ST-ZIP JAY FL 32565 ☐ Delete

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

TITLE VD
NAME ELLIS, DAVID
STREET ADDRESS 6730 HWY 4
CITY-ST-ZIP JAY FL 32565 ☐ Delete

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

TITLE TD
NAME WELCH, LINDA
STREET ADDRESS RT 3
CITY-ST-ZIP MILTON FL ☒ Delete

TITLE VICE PRESIDENT
NAME WILLIE TRAWICK
STREET ADDRESS 4376 SUTTON ALLEN RD
CITY-ST-ZIP JAY, FL. 32565 ☐ Change ☒ Addition

TITLE BM
NAME ASHWORTH, RANDY
STREET ADDRESS 6399 WILEY ATEES RD
CITY-ST-ZIP MILTON FL 32570 ☒ Delete

TITLE BOARD MEMBER
NAME MIKE PENTON
STREET ADDRESS 4574 JACK FLOYD RD.
CITY-ST-ZIP JAY, FL. 32565 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Debra Cagle Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

850-675-4628

Date

Daytime Phone #

CR2E037 (9/99)