2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 20, 2001 8:00 am **DOCUMENT # 731759 Secretary of State** 1. Entity Name 07-20-2001 90003 042 ****70.00 FLORIDA HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC Principal Place of Business Mailing Address 9972 SW 155TH ST 9972 SW 155TH ST AUU/Objy **DUNNELLON FL 34432 DUNNELLON FL 34432** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 03-0001220 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -Street-Address (P:O.-Box-Number is Not Acceptable) HUNTER, TAMMY 10025 S.W. 153RD LANE **DUNNELLON FL 34432** :=Citv 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 or signature required when reinstating Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (5/01)TITLE TITLE Delete Hollings worth LLOYD, RAY NAME NAME 9455 BW. 156 M PL STREET ADDRESS STREET ADDRESS 8392 SW 160TH PLACE Dunnellon Fl 34432 CITY-ST-7IP CITY-ST-ZIP **DUNNELLON FL 34432** Delete TITLE TITLE LLOYO, Jean BOMPL HOLLINSWORTH, MAX NAME NAME STREET ADDRESS STREET ADDRESS 9455 S.W. 156TH PLACE CITY-ST-ZIP Dunnellon F1 34432 CITY-ST-ZIP **DUNNELLON FL 34432** ☐ Addition TITLE □ Delete TITLE HUNTER, TAMMY W NAME NAME STREET ADDRESS STREET ADDRESS 10025 S.W. 153RD LANE CITY-ST-ZIP SAME CITY-ST-ZIP **DUNNELLON FL 34432** ☐ Addition Change TITLE ☐ Delete TITLE NAME HUNTER, TAMMY NAME STREET ADDRESS 10025 S.W. 153RD LANE STREET ADDRESS SAME CITY-ST-ZIP CITY-ST-ZIP DUNNELLON FL 34432 _ Change ____ - Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 eath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition

☐ Change

Attachment DIL 731759 ADTRIBA

July The sold on Scene (Heart attack)

Host us awhile to replace him

we again applages Son this Tremvenices

Sex + Tres)