

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 19, 2000 08:00 AM
Secretary of State

DOCUMENT # 732653

1. Entity Name

LADIES AUXILIARY OF THE TRI-VILLAGE VOLUN- TEER FIRE & RESCUE DEPARTMENT, INC.

Principal Place of Business

13837 STATE ROAD 20

NICEVILLE

325789606

FL

US

Mailing Address

13837 STATE ROAD 20

NICEVILLE

325789606

US

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0201983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, VIRGINIA

295 PERSIMMON STREET

FREEPORT

32439

FL

US

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating.)

09/19/2000

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 PD ☐ Delete
NAME DAWKINS LYDIA
STREET ADDRESS 409 PERSIMMON ST.
CITY-ST-ZIP FREEPORT FL 32439

TITLE PD ☒ Delete
NAME RYSER PAT
STREET ADDRESS 13780 W HWY 20
CITY-ST-ZIP NICEVILLE FL 32578

TITLE TD ☐ Delete
NAME SMITH, VIRGINIA
STREET ADDRESS 295 PERSIMMON STREET
CITY-ST-ZIP FREEPORT, FL 32439

TITLE SD ☐ Delete
NAME ANSTINE GLORIA
STREET ADDRESS 452 CEDAR AVE
CITY-ST-ZIP FREEPORT FL 32439

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition

NAME DAWKINS LYDIA
STREET ADDRESS 409 PERSIMMON STREET
CITY-ST-ZIP FREEPORT FL 32439

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.