

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90152 024 ****61.25

DOCUMENT # 732681

1. Entity Name

UNIT 16 & 17 VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

Mailing Address

133-29 KENNEDY ST UNIT 1
 PO BOX 606 (MAILING ADDRESS)
 INTERLACHEN FL 32148

133-29 KENNEDY ST UNIT 1
 PO BOX 606 (MAILING ADDRESS)
 INTERLACHEN FL 32148-0606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0191143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEB, DELORES PD
 120 BONNIE AVE.
 INTERLACHEN FL 32148**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIEB, DELORES	
STREET ADDRESS	120 BONNIE AVE.	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, DOANE	
STREET ADDRESS	910 O'FARRELL AVE.	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WHITEHOUSE, SHIRLEY	
STREET ADDRESS	509 KENNEDY AVE.	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KUSA, ANGELINE	
STREET ADDRESS	715 NORMAN AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILMORE, LOWELL	
STREET ADDRESS	ROUTE 1 BOX 407 F N/A	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIFER, DAVID	
STREET ADDRESS	RT. 1, BOX 245 N/A	
CITY-ST-ZIP	INTERLACHEN FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pellicer, Tom	
STREET ADDRESS	410 Brett Av	
CITY-ST-ZIP	Interlachen, FL 32148	
TITLE	Secretary, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitehouse, Shirley	
STREET ADDRESS	509 Kennedy Av	
CITY-ST-ZIP	Interlachen, FL 32148	
TITLE	VPD V P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ivins, Stewart	
STREET ADDRESS	1118 Selma Av	
CITY-ST-ZIP	Interlachen, FL 32148	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwarm, Leonard	
STREET ADDRESS	420 Evans Av	
CITY-ST-ZIP	Interlachen FL 32148	

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: LOWELL GILMORE **SIGNATURE REQUIRED** Lowell Gilmore 3-28-00 904 688 6389
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #