

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735964

1. Entity Name

MOON LAKE VOLUNTEER FIRE DEPARTMENT AND CIVIL DE

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90034 007 ****61.25

Principal Place of Business 11833 CORTA AVENUE NEW PORT RICHEY FL 34656	Mailing Address P.O. BOX 914 NEW PORT RICHEY FL 34656-0914
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2104180	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JENKS, CAROL A Jenks, Michael
11842 CORTA AVE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name
Jenks, Michael
Street Address (P.O. Box Number is Not Acceptable)
11842 Corta Ave.
City
New Port Richey FL Zip Code
34654

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 Michael Jenks DATE 5/01/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAGWIN, LINDA 18122 GUNN HWY. ODESSA FL 33556 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENKS, CAROL 11842 CORTA AVE NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B JENKS, MICHAEL 11842 CORTA AVE NEW PORT RICHEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANG, ANN M 11842 CORTA AVE NEW PORT RICHEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRITTEN, TERRY 5821 ILLINOIS AVE. NEW PORT RICHEY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, CLAUDE 18122 GUNN HWY ODESSA FL 33556 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Maureen Vuone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carol Jenks 11842 Corta Ave New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jenks, Michael 11842 Corta Ave. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tracy Ford 10405 Jungle St. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Claude Miranda 18122 Gunn Hwy Odessa, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy Cohee 10405 Jungle St. New Port Richey, FL 34654 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 Michael Jenks DATE 5/01/00 727-856-3142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)