

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90800 041 ****61.25

DOCUMENT # 736401

1. Entity Name

LAKESIDE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
 NORTH 441 & N.W. 189 ST. BOX 113 NORTH 441 & N.W. 189 ST. BOX 113
 ORANGE LAKE FL 32681 ORANGE LAKE FL 32681-0113



DO NOT WRITE IN THIS SPACE

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 **59-1822508** Applied For Not Applicable
 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
 SIEBERT, JAMES 4411 W ST RD 318 PO BOX 223 ORANGE LAKE FL 32681
 Name **James Siebert**
 Street Address (P.O. Box Number is Not Acceptable) **4411 W. St Rd 318**
 P.O. Box **223**
 City **Orange Lake** FL Zip Code **32681**

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 **James Siebert** **James Siebert** **4-23-00**
 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 | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEDINA, HECTOR | | NAME | SAMUELS, Edgar | |
| STREET ADDRESS | 18930 58TH COURT | | STREET ADDRESS | 21479 NW 57 AVE | |
| CITY-ST-ZIP | ORANGE LAKE FL 32681 | | CITY-ST-ZIP | MCINTOSH FL 32664 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | VP. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEATHERS, BILL | | NAME | Tyson - CALVIN | |
| STREET ADDRESS | 21435 NW 39 TERR | | STREET ADDRESS | 16925 W Hwy 318 | |
| CITY-ST-ZIP | MICINTOSH FL 32684 | | CITY-ST-ZIP | Reddick FL 32686 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIEBERT, JAMES | | NAME | SNODDY - Leslie | |
| STREET ADDRESS | P.O. BOX 223 W. HWY. 318 | | STREET ADDRESS | P.O. Box 207 | |
| CITY-ST-ZIP | ORANGE LAKE FL | | CITY-ST-ZIP | McIntosh FL 32664 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEATHERS, BILL | | NAME | ALBRIGHT - Scott | |
| STREET ADDRESS | 21435 NW 39 TERR | | STREET ADDRESS | 5500 NW 160 ST | |
| CITY-ST-ZIP | MCINTOSH FL | | CITY-ST-ZIP | Reddick FL 32686 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PERRY, LAWRENCE | | NAME | Bensley - Larry | |
| STREET ADDRESS | 21950 N. U.S. HWY. 441 | | STREET ADDRESS | 18334 N. Hwy 441 | |
| CITY-ST-ZIP | MCINTOSH FL | | CITY-ST-ZIP | Reddick FL 32686 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEAL, ED | | NAME | | |
| STREET ADDRESS | BOX 611 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE LAKE FL | | 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.

SIGNATURE: **James Siebert** **4-23-00** **352-591-1807**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)