

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90053 028 ****61.25

DOCUMENT # 736889

1. Entity Name

MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

7209 W LILLIAN HWY
 PO BOX 3622
 PENSACOLA FL 32516

7209 W LILLIAN HWY
 PO BOX 3622
 PENSACOLA FL 32516-3622

00013373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2387274

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

Name

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

City

FL

Zip Code

GUTTMANN, MICHAEL L
314 S. BAYLEN ST., 201
PENSACOLA FL 32501

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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CARO, WILLARD M	7209 LILLIAN HWY	PENSACOLA FL 32506	<input type="checkbox"/>	<input type="checkbox"/>
VD	LANHAM, JIM L	7209 LILLIAN HWY	PENSACOLA FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	PLUMB, NORVAL L	7209 LILLIAN HWY	PENSACOLA FL 32506	<input type="checkbox"/>	<input type="checkbox"/>
TD	WEAVER, MARY	7209 LILLIAN HWY	PENSACOLA FL 32506	<input type="checkbox"/>	<input type="checkbox"/>
D	JORDAN, ROBERT	7209 LILLIAN HWY	PENSACOLA FL 32506	<input type="checkbox"/>	<input type="checkbox"/>
D	NAGIM, TIMOTHY C.	7209 LILLIAN HWY	PENSACOLA FL 32506	<input type="checkbox"/>	<input type="checkbox"/>
PD	WEAVER, MARY	7209 LILLIAN HWY	PENSACOLA FL 32506	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	JORDAN, ROBERT	7209 LILLIAN HWY	PENSACOLA FL 32506	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	NAGIM, TIMOTHY C	7209 LILLIAN HWY	PENSACOLA FL 32506	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	LANHAM, JIM	7209 LILLIAN HWY	PENSACOLA FL 32506	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PLUMB, NORVAL L	7209 LILLIAN HWY	PENSACOLA FL 32506	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BELLOTTE, LORI	7209 LILLIAN HWY	PENSACOLA FL 32506	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 1/19/2000

Date

Daytime Phone #