

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90123 034 ****61.25

0017779

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

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

59-2387274

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

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

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 _____ DATE _____
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.

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

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOTTE, LORI	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUMB, NORVAL L	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA, FL 32506	
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	JORDAN, ROBERT	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMMAGE, AARON	
STREET ADDRESS	7209 LILLIAN HWY	
CITY-ST-ZIP	PENSACOLA, FL 32506	

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

4-9-01 850-455-5411
Date Daytime Phone #

CR2E037 (10/00)