

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90185 025 \*\*\*\*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

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**



DO NOT WRITE IN THIS SPACE

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BELLOTTE, LORI		NAME Banks, Germal	
STREET ADDRESS 7209 LILLIAN HWY		STREET ADDRESS 7209 Lillian Hwy	
CITY-ST-ZIP PENSACOLA FL 32506		CITY-ST-ZIP Pensacola, FL 32506	
TITLE TD	<input type="checkbox"/> Delete	TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANHAM, JIM L		NAME Jordan Robert	
STREET ADDRESS 7209 LILLIAN HWY		STREET ADDRESS 7209 Lillian Hwy	
CITY-ST-ZIP PENSACOLA FL 32506		CITY-ST-ZIP Pensacola FL 32506	
TITLE VD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PLUMB, NORVAL L		NAME Plumb, Norval	
STREET ADDRESS 7209 LILLIAN HWY		STREET ADDRESS 7209 Lillian Hwy	
CITY-ST-ZIP PENSACOLA FL 32506		CITY-ST-ZIP Pensacola FL 32506	
TITLE PD	<input type="checkbox"/> Delete	TITLE SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAVER, MARY		NAME Rummage, Aaron	
STREET ADDRESS 7209 LILLIAN HWY		STREET ADDRESS 7209 Lillian Hwy	
CITY-ST-ZIP PENSACOLA FL 32506		CITY-ST-ZIP Pensacola FL 32506	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JORDAN, ROBERT		NAME Taylor, Michael	
STREET ADDRESS 7209 LILLIAN HWY		STREET ADDRESS 7209 Lillian Hwy	
CITY-ST-ZIP PENSACOLA FL 32506		CITY-ST-ZIP Pensacola FL 32506	
TITLE D	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUMMAGE, AARON		NAME Weaver, Mary	
STREET ADDRESS 7209 LILLIAN HWY		STREET ADDRESS 7209 Lillian Hwy	
CITY-ST-ZIP PENSACOLA FL 32506		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:** *Norval L. Plumb* **4/25/02** **850-455-5411**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)