2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736889

1. Entity Name

MYRTLE GROVE VOLUNTEER FIRE DEPARTMENT, INC.

7209 W LILLIAN HWY	,
PO BOX 3622	
PENSACOLA FL 3251	6

Principal Place of Business

Mailing Address

7209 W LILLIAN HWY PO BOX 3622 PENSACOLA FL 32516

2.	Principal Place of Business
	Suite, Apt. #, etc.

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

3. Mailing Address

City & State

Suite, Apt. #, etc.

City & State	
Zip	Country

Country	

6. Name and Address of Current Registered Agent

Zip	Country
	1

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

59-2387274

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

City

Name

Zip Code

Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILED

May 06, 2002 8:00 am Secretary of State

05-06-2002 90185 025 ****61.25

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the	e state of Florida

SIGNATURE	
SIGNATURE	_

Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				10
TITLE	SD	☑ Delete	TITLE VD	VD		☐ Change	Addition
NAME	BELLOTTE, LORI	, -	NAME	Boute Lac	امیر	_ •	
STREET ADDRESS	7209 LILLIAN HWY		STREET ADDRESS	7209 1 1124			ļ
	PENSACOLA FL 32506		CITY-ST-ZIP	Banks, Geri 7209 Lillian I Pensacola, Fo	72506		ľ
TITLE	TD	☐ Delete	TITLE	17.13		Change	Addition
NAME	LANHAM, JIM L	i	NAME	Jordan Robert	•		
STREET ADDRESS	7209 LILLIAN HWY		STREET ADDRESS	Jordan Robert 7209 Lilian Hu	1		ł
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	Pensacola FL 3	2504		
TITLE	VD	☐ Delete	TITLE	PD		Change	Addition
NAME	PLUMB, NORVAL L		NAME	Plumb, Norval	•	, v	_
STREET ADDRESS	7209 LILLIAN HWY	*: : : : : : : : : : : : : : : : : : :	STREET ADDRESS	Plumb, Norval	مدا معا واستعدا العالم الماسيداني		-
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	Pensacola FL	325011		
TITLE	PD	☐ Delete	TITLE	50		Change	Addition
NAME	WEAVER, MARY		NAME	Rummage, Aaron 7209 Cillian Hy	n	י ס <i>ק</i>	
STREET ADDRESS	7209 LILLIAN HWY		STREET ADDRESS	7209 Cillian Hy			
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	Pensacola FL			
TITLE	D	☐ Delete	TITLE	מ		☐ Change	X (Addition
NAME	JORDAN, ROBERT		NAME	Taylor, Michael 1209 Lillian Ky	ર િ	-	
STREET ADDRESS	7209 LILLIAN HWY		STREET ADDRESS	7209 Lillian Ky	1		
CITY-ST-ZIP	PENSACOLA FL 32506		CITY-ST-ZIP	Pensacola FL			
TITLE	D	Delete	TITLE	D	•	Change	Addition
NAME	RUMMAGE, AARON		NAME	Weaver, Mary 7209 Lillian th			_
STREET ADDRESS	7209 LILLIAN HWY		STREET ADDRESS	7209 Lillan th			
	PENSACOLA EL 32506		CITY-ST-ZIP	Demonda FI	20001		

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: :