FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 09, 2001 8:00 am DOCUMENT # 736928 Secretary of State 1. Entity Name APALACHEE BAY VOLUNTEER FIRE & RESCUE DEPARTMENT 02-09-2001 90765 046 \*\*\*\*61.25 Principal Place of Business Mailing Address 1448 SHELL PT RD 1448 SHELL PT RD CRAWFORDVILLE FL 32327 CRAWFORDVILLE FL 32327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2503586 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHANNISSOHN, FRANK Street Address (P.O. Box Number is Not Acceptable) JACQUES, JEFFREY M 1448 SHELL PT ROAD CRAWFORDVILLE FL 32327 City Zip Code 32327 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 ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Change Addition CR2E037 (10/00 TITLE Delete D STAN WARMATH LOWHORN, MICHAEL NAME NAME 1448 Shell POINT ROAD STREET ADDRESS 1448 SHELL PT. RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRAWforduille, Florida **CRAWFORDVILLE FL 32327** 32327 X Addition Delete TITLE TITLE BLANCHARD, JOE NAME JOHANNISSOHN, FRANK W. 1448 SHELL PT RD STREET ADDRESS STREET ADDRESS 1448 Shell POINT ROAD CITY-ST-ZIP CITY-ST-ZIP Camfordulle, Florida CRAWFORDVILLE FL **▼** Delete TITLE **X** Addition TITLE Ed Mc INTYRE 1448 Shell POINT ROAD MANELY, RAYANNE NAME NAME STREET ADDRESS 1448 SHELL PT RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL Crawford ville, Florida 32327 ☐ Change Addition Delete TITLE TITLE ALVERSON, SHERRI JACQUES, JEFFREY M NAME NAME STREET ADDRESS 1448 Shell POINT ROAD STREET ADDRESS 1448 SHELL PT RD CITY-ST-ZIP CITY-ST-ZIP CAWfordville, Florida 32327 CRAWFORDVILLE FL Change TITLE Addition TITLE **⊠** Delete JOHANNISSOHN, THERESA NAME CAMPBELL, JODY NAME STREET ADDRESS 1448 Shell Point Road STREET ADDRESS 121 ROYSTER DR. CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE FL 32327 Grawford ville, Florida 32327 ☐ Change **Addition** ☑ Delete TITLE TITLE DELLA, FLOWERS H NAME WIGTON, RON NAME STREET ADDRESS 1448 Shell POINT ROAD STREET ADDRESS 74 OCEAN VIEW DR. CITY-ST-7IP CITY-ST-ZIP CRAWFORDVILLE FL 32327

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 OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2001 Date 926-8850 Daytime Phone #