

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90168 007 \*\*\*\*70.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737079

1. Entity Name

MOSSY HEAD/OAKWOOD HILLS VOLUNTEER FIRE DEPTME

Principal Place of Business

HWY. 1087 NORTH  
P.O. BOX 1257  
MOSSY HEAD FL 32434

Mailing Address

HWY. 1087 NORTH  
P.O. BOX 1257  
MOSSY HEAD FL 32434

619985

2. Principal Place of Business

1235 Hwy 1087

3. Mailing Address

Suite, Apt. #, etc.

City & State

Defuniak Springs FL

City & State

Zip

32433

Country

Zip

Country

4. FEI Number

59-0188470

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, GEORGE RALPH  
105 E NELSON AVE  
DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME MOORE, BARBARA K.

STREET ADDRESS 367 KELLEY PLACE

CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☒ Delete

NAME SPRADLIN, JOSEPH J

STREET ADDRESS 236 KELLEY PLACE

CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ Delete

NAME LOCKRIDGE, MICHAEL

STREET ADDRESS 770 CTY HGWY. 1087

CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☒ Delete

NAME PATTERSON, LINDA

STREET ADDRESS 138 O'BRIAN LANE

CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ Delete

NAME ~~Betty Schwarz~~

STREET ADDRESS ~~83 Fox Hill Rd~~

CITY-ST-ZIP ~~Defuniak Springs 32433~~

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Jones Jr, David Lewis

STREET ADDRESS 5756 Hwy 1087

CITY-ST-ZIP Defuniak Springs FL 32433

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 entity.

CR2E037 (10/00)