## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 03, 2000 8:00 am Secretary of State DOCUMENT # 738191 1. Entity Name GLENDALE VOLUNTEER FIRE DEPARTMENT, INC. 03-03-2000 90103 001 \*\*\*122.50 Mailing Address Principal Place of Business 148 RAILROAD AVE. 148 RAILROAD AVE. **DEFUNIAK SPRINGS FL 32433-0956** DEFUNIAK SPRINGS FL 32433 10226 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name . Street Address (P.O. Box Number is Not Acceptable) KINKEY, ARTHUR 10079 STATE HWY 83 NORTH **DEFUNIAK SPRINGS FL 32433** City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE WILKERSON, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 297 RAILROAD AVE. CITY-ST-7IP CITY-ST-7IP **DEFUNIAK SPRINGS FL 32433** ☐ Change TITLE TITLE ☐ Delete NAME NAME KINKEY, ARTHUR STREET ADDRESS STREET ADDRESS 10079 STATE RD 83 CITY-ST-7IP CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 TITLE Delete TITLE ☐ Change NAME Laird, Lennie NAME STREET ADDRESS STREET ADDRESS 125 SULLIVAN STREET

12. I hereby certify that the information supplied with this filling 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.

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13 SULLIVAN ST

DELL, KEVIN M

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230 BLUEBIRD LANE

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