

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90176 014 \*\*\*\*61.25

**DOCUMENT # 738436**

1. Entity Name

**NEW HOPE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

**1969 HIGHWAY 2  
 WESTVILLE FL 32464**

Mailing Address

**1969 HIGHWAY 2  
 WESTVILLE FL 32464**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**HOLMES**

Zip

Country

**HOLMES**

4. FEI Number

**59-2891097**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, GWENDOLYN  
 1969 HWY 2  
 WESTVILLE FL 32464**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>P</b> <b>CHURCH, CALEB</b> <b>1354 MT IDA RD</b> <b>WESTVILLE FL 32464</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VP</b> <b>BYRUM, JIM</b> <b>2001-MINNIE LN</b> <b>WESTVILLE FL 32464</b>	<input checked="" type="checkbox"/> Delete	<b>HOMER A. EVANS</b> <b>1492 V.P.</b> <b>1492 Curry Ferry Rd.</b> <b>Bon. Bay, FL 32475</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>ST</b> <b>EVANS, GWENDOLYN</b> <b>RT 1 BOX 356</b> <b>WESTVILLE FL</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>EVANS, HOMER A II</b> <b>RT 2 BOX 316</b> <b>CARYVILLE FL 32427</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>BYRUM, KAY</b> <b>2001 MINNIE LN</b> <b>WESTVILLE FL 32464</b>	<input checked="" type="checkbox"/> Delete	<b>NONE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>D'ABOY, DAVID</b> <b>1969 D'ABOY LN</b> <b>WESTVILLE FL 32464</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-01**

**850-956-2626**

Date

Daytime Phone #

CR2E037 (10/00)