

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90850 034 ****61.25

DOCUMENT # 739622

1. Entity Name

THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

Mailing Address

P.O. BOX 172
FRUITLAND PARK FL 34731

P.O. BOX 172
FRUITLAND PARK FL 34731-0172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1756723

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

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG FL 34748

Name

BRIAN GAMBLE

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

837 BERRYHILL CIRCLE

City

FRUITLAND PARK

FL

Zip Code
34731

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)

4/29/00

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
VD
SHEPPARD, BRIAN
02505 SPRING LAKE RD
FRUITLAND PARK FL 34731

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
GAMBLE, BRIAN
837 BERRYHILL CIRCLE
FRUITLAND PARK FL 34731

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHAFFER, KIM
40255 ORNAGE CIRCLE
LADY LAKE FL 32159

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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

Date

Daytime Phone #

4/29/00

352-753-1010

CR2E037 (9/99)