

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90047 046 \*\*\*61.25

**DOCUMENT # 741763**

1. Entity Name

**INDIAN HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

32801 NO US 441 -#400  
 OKEECHOBEE FL 34972-0271

32801 NO US 441 -#400  
 OKEECHOBEE FL 34972-4401

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

**59-1529251**

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

**DOVER, WILLARD D.**  
**500 E BROWARD BLVD, FLR 17**  
**FT. LAUDERDALE FL 33304**

Name **Willard D. Dover**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O Niles Dobbins Meeks Raleigh & Dover**  
**2601 E. Oakland Park Blvd #400**  
 City **Ft. Lauderdale** **FL** Zip Code **33306**

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

**Willard D. Dover**

**4/27/00**

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 **SD** ☐ Delete  
 NAME **LYNCH, JOHN**  
 STREET ADDRESS **32801 HIGHWAY 441 N #66**  
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **WHITING, LEWIS B**  
 STREET ADDRESS **32801 HWY. 441 N., #174**  
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **HUME, JOHN**  
 STREET ADDRESS **1401 UNIVERSITY DR #301**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **BLACK, SUE**  
 STREET ADDRESS **32801 HWY 441 N., #85**  
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **SCHARF, DAVID M.**  
 STREET ADDRESS **71 SE 11TH ST**  
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **JOHNSON, WAYNE R**  
 STREET ADDRESS **32801 HWY 441 N., #77**  
 CITY-ST-ZIP **OKEECHOBEE FL**

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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/00** **863**  
**462-6018**