

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90197 015 ****61.25

DOCUMENT # 741763

1. Entity Name

INDIAN HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

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

Mailing Address

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

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.
C/O NILES DOBBINS, MEEKS RALEIGH & DOVER
2601 E OAKLAND PARK BLVD # 400
FORT LAUDERDALE FL 33306**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN	
STREET ADDRESS	32801 HIGHWAY 441 N #66	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PARKER, THOMAS	
STREET ADDRESS	726 N CRESCENT DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHARF, DAVID M.	
STREET ADDRESS	71 SE 11TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, RAYMOND	
STREET ADDRESS	32801 HWY 441N #47	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail MacLain	
STREET ADDRESS	32801 Hwy. 441N #206	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray Jones	
STREET ADDRESS	32801 Hwy 441N #47	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Roberts	
STREET ADDRESS	32801 Hwy. 441N #265	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John W. Lynch **JOHN W. LYNCH** 4/11/03 863)263-9401

CR2E037 (10/02)