

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 741815**

1. Entity Name

LAKEPORT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**90 E HWY 78
MOORE HAVEN FL 33471**

Mailing Address

**90 E HWY 78
MOORE HAVEN FL 33471**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2280105

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**SKELTON, JOHN
RT 6 BOX 849
OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	LAWHON, CHARLES, JR	
STREET ADDRESS	RT 2 BOX 11105 LAWHON RD	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

TITLE	VD	<input type="checkbox"/> Delete
NAME	GLICKMAN, JOSEPH	
STREET ADDRESS	RT 6 BOX 856 HWY 78	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	DT	<input type="checkbox"/> Delete
NAME	CARPENTER, WILLIAM	
STREET ADDRESS	1500 BASS-O-FARMS ROAD	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

TITLE	SD	<input type="checkbox"/> Delete
NAME	THROD, TERRY	
STREET ADDRESS	11143 PEACEFUL LANE	
CITY-ST-ZIP	MOORE HAVEN FL 33471	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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:

Charles Lawhon Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

863-946-0771

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)