

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741844

1. Entity Name
GRAY GABLE, NASSAU VILLAGE VOLUNTEER FIRE DEPART

Principal Place of Business Mailing Address
RT. 4, LEM TURNER RD., @COUNTRY CLUB RD. RT. 4, LEM TURNER RD., @COUNTRY CLUB RD.
PO BOX 831 PO BOX 831
CALLAHAN FL 32011 CALLAHAN FL 32011-0831

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
2909 LEM TURNER RD. PO BOX 831
City & State City & State

4. FEI Number 59-2060054 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
TAYLOR, ROBERT W. JR. COUNTRY CLUB RD., LOT #9 NASSAU VILLAGE CALLAHAN FL 32011
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	PD CONNELL, NORMAN 5110 WOODRIDGE DR CALLAHAN FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES ROBERTS 2536 SHEFFIELD RD. CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I COLTRANE, CATHY 4161 CHURCH RD CALLAHAN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEBRA M HORTON 2720 SHEFFIELD RD CALLAHAN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JAMES ROBERTS 2536 SHEFFIELD RD CALLAHAN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARD DEMICK 4455 Church Rd. Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, JASON 2588 SNYDER RD CALLAHAN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY CONLEY 3393 ARMSTRONG ST. CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COLTRANE, REVIS 4161 CHURCH RD CALLAHAN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 3-22-00 904-879-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90052 010 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)