

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743267

1. Entity Name

SUN 'N LAKE VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90003 017 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
185 POLK STREET LAKE PLACID FL 33852 US		P.O. BOX 1826 LAKE PLACID FL 33862-1826 US	
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	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ANDREWS, CAROL
183 POLK ST
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **JACK RICHIE**
Street Address (P.O. Box Number is Not Acceptable)
131 TEMPTATION COURT
City **LAKE PLACID** FL Zip Code **33852**

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 *Jack L. Richie* **JACK L. RICHIE SEC. TREASURER** DATE **5-3-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, JASON L	
STREET ADDRESS	132 LAKE RIDGE DR.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRITNELL, RANDY	
STREET ADDRESS	716 CONCERT DR.	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, CAROL	
STREET ADDRESS	183 POLK ST	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, CAROL	
STREET ADDRESS	183 POLK STREET	
CITY-ST-ZIP	LAKE PLACID FL 33852	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W. PENROD	
STREET ADDRESS	108 EYENTIDE AVE.	
CITY-ST-ZIP	LAKE PLACID, Florida 33852	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON LUKE ANDREWS	
STREET ADDRESS	240 SILVER COURT,	
CITY-ST-ZIP	LAKE PLACID, Florida 33852	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK L. RICHIE	
STREET ADDRESS	131 TEMPTATION COURT	
CITY-ST-ZIP	LAKE PLACID, Florida 33852	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK L. RICHIE	
STREET ADDRESS	131 TEMPTATION COURT	
CITY-ST-ZIP	LAKE PLACID, Florida 33852	
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		

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: *Jack L. Richie* **JACK L. RICHIE SEC. TREASURER** DATE **5-3-00** Daytime Phone # **(863) 465-1983**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)