

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 743267**

1. Entity Name

SUN 'N LAKE VOLUNTEER FIRE DEPARTMENT, INC.**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90106 002 ****61.25

0057144

Principal Place of Business

Mailing Address

185 POLK STREET
LAKE PLACID FL 33852
USP.O. BOX 1826
LAKE PLACID FL 33862
US**80007149**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHE, JACK
131 TEMPTATION COURT
LAKE PLACID FL 33852

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PENROD, JAMES W
108 EVENTIDE AVENUE
LAKE PLACID FL 33852 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
ANDREWS, JASON L
240 SILVER COURT
LAKE PLACID FL 33852 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
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CITY - ST - ZIP
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RICHE, JACK L
131 TEMPTATION COURT
LAKE PLACID FL 33852 ☐ DeleteTITLE
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CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:**JACK L. RICHIE**
SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2001 863-465-1983

CR2E037 (10/00)