

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90154 049 ****61.25

DOCUMENT # 747414

1. Entity Name

LLOYD VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

COUNTY ROAD 158. JENCTION 59
 P. O. BOX 201
 LLOYD FL 32337

COUNTY ROAD 158. JENCTION 59
 P. O. BOX 201
 LLOYD FL 32337



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

59-2020189

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

WEINRICH, JERRY
4503 LLOYD ACRES ROAD
P O BOX 421 N/A
LLOYD FL 32337

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 Delete
 NAME **D WEINRICH, JERRY**
 STREET ADDRESS **PO BOX 421 N/A**
 CITY-ST-ZIP **LLOYD FL**

TITLE Change Addition
 NAME **Add President**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD MOTTER, DIANE**
 STREET ADDRESS **RT 4 BOX 4446-G N/A**
 CITY-ST-ZIP **MONTEICELLI FL**

TITLE Change Addition
 NAME **Fire Chief William Schaubel**
 STREET ADDRESS **Po Box 176 Lloyd, Fl 32337**
 CITY-ST-ZIP

TITLE Delete
 NAME **TDS VANDERSLICE, SAMUEL**
 STREET ADDRESS **P.O. BOX 304 N/A**
 CITY-ST-ZIP **LLOYD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BOX, STEVE**
 STREET ADDRESS **RR5 BOX 5551**
 CITY-ST-ZIP **MONTEICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D NAHOOM, PAUL J**
 STREET ADDRESS **P O BOX 85- LLOYD ROAD N/A**
 CITY-ST-ZIP **LLOYD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **FCD HUNT, TERRY**
 STREET ADDRESS **RR3 BOX 115-C3**
 CITY-ST-ZIP **MONTEICELLO FL 32344**

TITLE Change Addition
 NAME **Delete Fire Chief**
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

1/25/01 850-997-3356

CR2E037 (10/00)