2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90181 029 ****70.00

DOCUMENT # 749971

1. Entity Name

PACE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
4541 MAJORS STREET PACE FL 32571 US	P.O. BOX 1082 PACE FL 32571-0082

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARLOW, JOHN
181 MAJORS ST.
4541 MAJORS ST.
PACE FL 32571

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 _____ DATE
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Address
NAME	BARLOW, JOHN		NAME		
STREET ADDRESS	WOODBINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	PACE FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Address
NAME	WADKINS, PAT		NAME		
STREET ADDRESS	4160 STEPHENS RD.		STREET ADDRESS		
CITY-ST-ZIP	PACE FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Address
NAME	TONY GENE BROXTON		NAME		
STREET ADDRESS	4112 COOLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	PACE FL		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE		☐ Change ☐ Address
NAME	WADKINS, CONNIE		NAME		
STREET ADDRESS	3965 E DIAMOND		STREET ADDRESS		
CITY-ST-ZIP	PACE FL		CITY-ST-ZIP		
TITLE	TR	☐ Delete	TITLE		☐ Change ☐ Address
NAME	NELL CRISCO		NAME		
STREET ADDRESS	4108 RIDDLE ST		STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KELLY, MAC		NAME		
STREET ADDRESS	DORIS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PACE FL		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 REQUIRED 1-7-00 994-6366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #