

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2000 90075 025 ****70.00

DOCUMENT # 752933

1. Entity Name

SAND HILLS VOLUNTEER FIRE DEPARTMENT, INCORPORAT

Principal Place of Business

Mailing Address

12711 HWY. 77
 SOUTHPORT FL 32409-8113
 US

12711 HWY. 77
 SOUTHPORT FL 32409-2233
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6000512

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

HOLMAN, EDITHE S
13816 FIDDLERS GREEN RD
SOUTHPORT FL 32409-5147

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	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, JOHN F	
STREET ADDRESS	802 VIRGINIA AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SUGGS, AMSIE M JR	
STREET ADDRESS	1211-TASHANNA LANE	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JED, VICTOR	
STREET ADDRESS	400 JOSEPH CIR	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLMAN, EDITH S	
STREET ADDRESS	13816 FIDDLERS GREEN RD	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JED, VICTOR	
STREET ADDRESS	400 JOSEPH CIRCLE	
CITY-ST-ZIP	SOUTHPORT, FL. 32409	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, Wanda	
STREET ADDRESS	1932 CREAMER RD.	
CITY-ST-ZIP	SOUTHPORT, FL. 32409	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, Joseph	
STREET ADDRESS	201 W. 14th ST., LOT#44	
CITY-ST-ZIP	LYNN HAVEN, FL. 32444	
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: Edith S. Holman **2/21/00** **(350) 265-9175**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)