

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90456 038 ****70.00

DOCUMENT # 752933

1. Entity Name

SAND HILLS VOLUNTEER FIRE DEPARTMENT, INCORPORATED

Principal Place of Business

Mailing Address

12711 HWY. 77
 SOUTHPORT FL 32409-8113
 US

12711 HWY. 77
 SOUTHPORT FL 32409-8113
 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

59-6000512

Applied For

Not Applicable

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 NAME Delete
D JED, VICTOR
 STREET ADDRESS **400 JOSEPH CIR**
 CITY-ST-ZIP **S PORT FL 32409**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
MILLS, WANDA
 STREET ADDRESS **1932 CREAMER RD**
 CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
~~**DIAMOND, JOSEPH**~~
 STREET ADDRESS ~~**201 W 14TH ST LOT # 41**~~
 CITY-ST-ZIP ~~**LYNN HAVEN FL 32444**~~

TITLE NAME Change Addition
HARR, DANETTE
 STREET ADDRESS **1932 CREAMER RD.**
 CITY-ST-ZIP **SOUTHPORT, FL 32409**

TITLE NAME Delete
HOLMAN, EDITH S
 STREET ADDRESS **13816 FIDDLERS GREEN RD**
 CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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** **4-8-02 (850) 265-9175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)