

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90301 033 \*\*\*\*70.00

**DOCUMENT # 754321**

1. Entity Name

**BEAR CREEK-YOUNGSTOWN VOLUNTEER FIRE DEPARTMENT,**

Principal Place of Business

Mailing Address

11711 HWY 231  
 P.O. BOX 213  
 YOUNGSTOWN FL 32466  
 US

P O BOC 213  
 P.O. BOX 213  
 YOUNGSTOWN FL 32466-0213  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3009146**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BRANDON, EUGENE C JR**  
**9222 JAMESWAY**  
**PASNAMA CITY FL 32404**

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

*Eugene C Brandon*

**4-4-2000**

**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	PD	<input type="checkbox"/> Delete
NAME	BRANDOW, EUGENE C JR	
STREET ADDRESS	9222 JAMESWAY	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOSWELL, T J	
STREET ADDRESS	12417 HWY 231	
CITY-ST-ZIP	YOUNSTOWN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEDGES, LORI	
STREET ADDRESS	10840 COWELS RD.	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, CHARLIE JR	
STREET ADDRESS	8923 SUMMER CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Crum	
STREET ADDRESS		
CITY-ST-ZIP	Panama City, FL	
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:

*Eugene C Brandon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-2000**

Date

Daytime Phone #

CR2E037 (9/99)