2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # 755661** 1. Entity Name HAMBURG-LOVETT VOLUNTEER FIRE DEPARTMENT, INC. 01-27-2000 90077 021 ****69.75 Principal Place of Business Mailing Address ROUTE 3 - HIGHWAY #150 N ROUTE 3 - HIGHWAY #150 N GREENVILLE FL 32331 GREENVILLE FL 32331-9903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2896876 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name سيستعم بدائد حيراتهم جودما والداهما مد Street Address (P.O. Box Number is Not Acceptable) CAVE, WILLIAM R 214 1/2 S RANGE ST MADISON FL FL 32340 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. STD Change ☐ Addition TITLE ☐ Delete TITLE DAY, BERTHA NAME STREET ADDRESS STREET ADDRESS RT 3-HIGHWAY #150 N CITY-ST-ZIP CITY-ST-ZIP GREENVILLE, FL 00000 Delete TITLE ☐ Addition TITLE fe Norris NAME norris, Marshall NAME 3, Boy 86B STREET ADDRESS STREET ADDRESS RT 3, BOX 72C CITY-ST-ZIP CITY-ST-7IP GREENVILLE, FL 00000 AFC ☐ Change ☐ Addition TITLE ☐ Delete TITLE BROOKS, PAUL-SR. NAME - - * NAME STREET ADDRESS STREET ADDRESS RT 3 BOX 88 CITY-ST-ZIP CITY-ST-7IP **GREENVILLE FL 32331** ☐ Delete ☐ Change Addition TITLE TITLE **BROOKS, PAUL** NAME NAME STREET ADDRESS STREET ADDRESS RT., HIGHWAY #150N CITY-ST-ZIP CITY-ST-ZIP GREENVILLE FL D٠٠ ☐ Change Addition TITLE ⁻☐ Delete TITLE LEWIS, AUBREY NAME NAME STREET ADDRESS STREET ADDRESS RT.3 HWY 150 N CITY-ST-ZIE CITY-ST-ZIP GREENVILLE FL ☐ Delete TITLE Change Addition NAME Moore, Charlie NAME STREET ADDRESS RT₃ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE FL 32331** 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR