

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 8:00 am**
Secretary of State

04-03-2001 90074 012 ****61.25

DOCUMENT # 755719

1. Entity Name

CHERRY LAKE VOLUNTEER FIRE RESCUE, INC.

Principal Place of Business

Mailing Address

2612
2612 NE CHERRY LAKE CIRCLE
PINETTA FL 323502612
2612 NE CHERRY LAKE CIRCLE
PINETTA FL 32350

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

59-2150220

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NORTON, DAVID W
RT 3 BOX 1040
MADISON FL 32340

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

TITLE	C.	<input type="checkbox"/> Delete
NAME	MCDONALD, DANNY	
STREET ADDRESS	RT 1, BOX 280	
CITY-ST-ZIP	PINETTA FL 32350	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, MIKE	
STREET ADDRESS	ROUTE 3, BOX 815	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, RICH	
STREET ADDRESS	RT 3 BOX 350	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, JEFF	
STREET ADDRESS	RT 3 BOX 498	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, WALLY	
STREET ADDRESS	RT 3, BOX 130	
CITY-ST-ZIP	MADISON FL 32340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Brenda Bass - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2569 NE Cherry Lake Circle	
STREET ADDRESS	Pinetta, Fl. 32350	
CITY-ST-ZIP		
TITLE	Jackie Bennett - Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rt. 3, Box 985	
STREET ADDRESS	Madison, Fl. 32340	
CITY-ST-ZIP		
TITLE	Michael Raines - Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rt. 3, Box 1660	
STREET ADDRESS	Madison, Fl. 32340	
CITY-ST-ZIP		
TITLE	Scott Singletary - Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11608 N.E. Rocky Ford Rd.	
STREET ADDRESS	Pinetta, Fl. 32350	
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)(l), 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

Date

Daytime Phone #

MCDONALD

4-12-01

(850) 929-4549

CR2E037 (10/00)