2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # 763346** 1. Entity Name SUNLAKE VOLUNTEER FIRE DEPARTMENT, INC. 06-05-2000 90034 034 ****70.00 Mailing Address Principal Place of Business 1101 ST.LAWRENCE DRIVE 1101 ST.LAWRENCE DRIVE GRAND ISLAND FL 32735 **GRAND ISLAND FL 32735** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2950981 Not Applicable Country Country **\$8.75** Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent s Koberts Street Address (IAO, Box Number is Not Acceptable) HAMILTON, DON-1440 ST.LAWRENCE DR. GRAND ISLAND FL 32735 Zip Code GRAND BLAND 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CHIEF/D Change PD-TITLE Delete TITLE WILLIAM MEROBERTS NAME NAME HAMILTON, DON -1545 WARMWOOD DRIVE STREET ADDRESS STREET ADDRESS 1440 ST.LAWRENCE DR. CITY-ST-ZIP GRANDISLAND, CITY-ST-7IP GRAND ISLAND FL ☐ Addition TITLE VD-**Delete** TITLE NAME NICHOLS, ED NAME 15 GRAND TRAVERSE CIRCLE STREET ADDRESS 1490 ST.LAWRENCE DR. STREET ADDRESS CITY-ST-ZIP GRAND BLAND CITY-ST-ZIP GRAND ISLAND FL ☐ Addition 🔀 Delete TITLE 910-- EDCUSTER 2220 GRAND TRAVERSE GRELE MANNING, RALPH NAME NAME STREET ADDRESS STREET ADDRESS 1550 LAKE DRIVE GRANDISLAND, FL CITY-ST-ZIP CITY-ST-ZIP GRAND ISLAND FL Change ☐ Addition 11> ☐ Delete TITLE TITLE DON CAROLUS NAME NAME 1125 LAKE DRIVE STREET ADDRESS STREET ADDRESS GRAND ISLAND, FL CITY-ST-ZIP CITY-ST-ZIP 🔀 Change ☐ Addition ☐ Delete TITLE TITLE BOSGIE M. ROSERTS NAME NAME 1545 WARMWOOD DRIVE STREET ADDRESS STREET ADDRESS Grand Island, Fl CITY-ST-ZIP CITY-ST-ZIP ASST. CHIEF 🔼 Change Addition Delete TITLE TITLE NAME JOHN STEWART NAME

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 a dress, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1475 WARM WOOD DRIVE