2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90028 039 ****61.25

DOCUMENT # 764719

1. Entity Name

JAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
12781 HWY. 89 PO BOX 512 JAY FL 32565	12781 HWY. 89 PO BOX 512 JAY FL 32565-0512

DO NOT WRITE IN THIS SPACE

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 59-6014155 ☐ Applied For ☐ Not Applic.

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
WESTMORELAND, J. LOFTON 800 CAROLINE ST MILTON FL 32570	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 / STREET ADDRESS / CITY-ST-ZIP	PD JENKINS, RYAN RT 2 N/A JAY FL 32565	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Enfinger, Phillip 4067 Highway 4, Apt. B Jay, FL 32565	☐ Change ☑ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COZART, TONY 3775 GREENWOODL LRDL JAY FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Hudson, Denise 4253 Morristown Road Jay, FL 32565	☐ Change ☑ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, ALAN 2800 NELSONTOWN RD JA FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hudson, Steven 4253 Morristown Road Jay, FL 32565	☐ Change ☑ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD EDWARDS, MICHELE 2800 NELSONTOWN RD JAY FL 32565	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUTWELL, BILLY 3600 GREENWOOD RD JAY FL 32565	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAYES, BRANDY ROUTE 3 JACKSONVILLE FL 32656	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio

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: SIGNATURE REQUIRED Denise Hudson- Denise Hudson 1/17/00 (850)623-0135 ext. 6015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #