2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # 764719 1. Entity Name JAY VOLUNTEER FIRE DEPARTMENT, INC. 01-31-2001 90096 026 ****61.25 Principal Place of Business Mailing Address 12781 HWY, 89 12781 HWY. 89 PO BOX 512 PO BOX 512 JAY FL 32565 JAY FL 32565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6014155 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) WESTMORELAND, J. LOFTON 800 CAROLINE ST MILTON FL 32570 Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TSD. TITLE ☐ Delete CR2E037 (10/00) TITLE ☐ Addition Change NAME ENFINGER, PHILLIP Nelda NAME STREET ADDRESS 4067 HIGHWAY 4, APT B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAY FL 32565 TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition NAME COZART, TONY NAME 2300 Duck Pond Trail STREET ADDRESS 3775 GREENWOODL LRDL STREET ADDRESS FL 32545 CITY-ST-ZIP CITY-ST-ZIP JAY FL 32565 TITLE ☐ Delete TITLE ☐ Change Addition NAME **EDWARDS, ALAN** NAME STREET ADDRESS 2800 NELSONTOWN RD STREET ADDRESS CITY-ST-ZIP JA FL 32565 CITY-ST-ZIP Delete TITI F TITLE Change ☐ Addition HUDSON, DENISE NAME STREET ADDRESS **4253 MORRISTOWN ROAD** STREET ADDRESS CITY-ST-7IP JAY FL 32565 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **BOUTWELL, BILLY** NAME NAME 3600 GREENWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAY FL 32565 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HUDSON, STEVEN NAME NAME 4253 MORRISTOWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAY FL 32565 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 leport 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 aport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR