

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765260

1. Entity Name

MC DAVID VOLUNTEER FIRE DEPARTMENT, INCORPORATED

Principal Place of Business

100 N CENTURY BLVD.
MCDAVID FL 32568

Mailing Address

P. O. BOX 3402
MCDAVID FL 32568-3402
US

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

59-2252415

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

MALONE, KENNETH J
201 W. ROACH ROAD
MC DAVID FL 32568

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

4/4/00

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 VD ☐ Delete
NAME GODWIN, WAYNE
STREET ADDRESS 941 HWY 164
CITY-ST-ZIP MCDAVID FL 32568

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME GILMORE, ERIC
STREET ADDRESS 3330 N PINE BARREN RD
CITY-ST-ZIP MCDAVID FL 32568

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MALONE, PHYLLIS
STREET ADDRESS 201 W. ROACH RD
CITY-ST-ZIP MCDAVID FL 32568

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GODWIN, ANITA SUE
STREET ADDRESS 941 HWY 164
CITY-ST-ZIP MCDAVID FL 32568

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME CARNLEY, DEWAYNE
STREET ADDRESS 197 W ROACH ROAD
CITY-ST-ZIP MCDAVID FL 32568

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Jimmie Gunter, Sr.
CITY-ST-ZIP 111 Worley Rd
McDavid FL 32568

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/00 (850) 256-5750

CR2E037 (9/99)