# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 22, 2000 8:00 am**
**Secretary of State**
01-22-2000 90057 035 ****61.25

DOCUMENT # 767243

1. Entity Name

SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| RT. 1 BOX 277<br>BLOUNSTOWN FL 32424 | RT. 1 BOX 277<br>BLOUNSTOWN FL 32424-9764 |

A00009916

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 59-3478398 ☐ 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 |
|---|---|
| BARKER, JOE<br>RTE 1 BOX 7705<br>KINARD FL 32449 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Joe Barker, Joe Barker 1-17-2000
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 | D<br>RHODES, DIANE<br>RT. 1 BOX 257<br>BLOUNSTOWN FL 32424 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Asst. Sect + Tres.<br>Helen MALoy<br>R.1, Box 274<br>Blountstown, Fl. 32424 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TIMMONS, BUD<br>RT 1 BOX 242<br>BLOUNTSTOWN FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARKER, ETTA<br>RT. 1 BOX 254<br>BLOUNSTOWN FL 32424 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>HALL, MARGARET<br>RT. 1, BOX 277<br>BLOUNTSTOWN FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARKER, CHARLES<br>RT 1 BOX 254<br>BLOUNTSTOWN FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, KENDALL<br>RT 1, BOX 214<br>BLOUNTSTOWN FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Margaret H. Hall SIGNATURE REQUIRED S+T 1-17-2000 850-674-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #