2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 23, 2001 8:00 am<sup>3</sup> **DOCUMENT # 767243** Secretary of State 1. Entity Name SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC. 03-23-2001 90018 009 \*\*\*\*61.25 Mailing Address 7226 S.E. G.U. Parker RT-1-BOX 277-**BLOUNSTOWN FL 32424** BLOWN+Stown, 71 2. Principal Place of Business 3. Mailing Address 7155 S.E. MARYSville S.A. R.V 236 S.E.G.V.Parker Ka Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3478398 34 ou NAStowN Not Applicable \$8.75 Additional CALHOUN 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent harles L. Parker Street Address (P.O. Box Number is Not Acceptable) BARKER, JOE RTE 1 BOX 7705 KINARD FL 32449 OWNTStoWN 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 - 2-2001 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5,00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE **D** Change ☐ Addition TITLE ☐ Delete BONNIE TIMMONS RHODES, DIANE NAME NAME HT. 180X 257 15021 FHWN LANG. 15099 S.E. TUNTLE Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOUNSTOWN FL 32424** CITY-ST-ZIP BLOUNTSHOWN, 7L 32424 ASST. Chief Doran TAMES YON, Jr. 111 Sch. Rd. 7823 S.E. MARYSIL'ILE Sch. Rd. VD Chánge TITLE Delete 🔀 TITLE ☐ Addition TIMMONS, BUD NAME NAME RT-1-BOX-242 STREET ADDRESS STREET ADDRESS BLOUNTSHOON, 7LH. 32424 **BLOUNTSTOWN FL** CITY-ST-ZIP CITY-ST-7IP T.D. BACKER Change 14516 S.W. T.D. BARKER Rd. D TITLE D. TITLE ☐ Delete PARKER, ETTA NAME NAME 15003 S.E. BASS DI STREET ADDRESS STREET ADDRESS **BLOUNSTOWN FL 32424** CITY-ST-ZIP CITY-ST-ZIP KiNAND, 71 32449 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RT. 1. BOX 277 7155 S. E. MANYSVI'lle. Sch. R. STREET ADDRESS STREET ADDRESS **BLOUNTSTOWN FL** CITY-ST-ZIP CITY-ST-ZIP Asst. Sect Delete TITI F ☐ Addition TITLE Helen maloy 7470 S.E. Marysville sch. Rel, PARKER, CHARLES NAME NAME RT 1 BOX 254 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL** CITY-ST-7IP PLOUNT STOWN. TITLE ☐ Delete TITLE ☐ Addition BROWN, KENDALL NAME NAME STREET ADDRESS RT 1, BOX 214 STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL** 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

MAKOARet H. Will: AMSON 3-21-01 850-674-472

changed, or on an attachment with an address, with all other like empowered.