2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90063 048 ****61.25

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DOCUMENT # 767243

1. Entity Name

SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
7226 SE GV PARKER ROAD BLOUNSTOWN FL 32424	7155 SE MARYSVILLE SCHOOL BLVD. BLOUNSTOWN FL 32424

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
PARKER, CHARLES L. 15003 SE BASS DRIVE BLOUNTSTOWN FL 32424	Name Joe Barker Street Address (P.O. Box Number is Not Acceptable) 14473 S.W. Barker Rd. Kinard City FL Zip Code 32449

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 3-20-02
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 TIMMONS, BONNIE 15099 SE TURTLE DRIVE BLOUNTSTOWN FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AC YON, JAMES JR 7823 SE MARYSVILLE SCHOOL ROAD BLOUNTSTOWN FL 32424	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A.C. Bud Timmons 15099 S.E Turtle Dr. Blountstown, Fl 32424 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKER, T. D. 14516 SW T.D. BARKER ROAD KINARD FL 32449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ST~~ C.C. HALL, MARGARET 7155 SE MARYSVILLE SCHOOL ROAD BLOUNTSTOWN FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS ST~~ MALOY, HELEN 7470 SE MARYSVILLE SCHOOL ROAD BLOUNTSTOWN FL 32424	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, KENDALL RT 1, BOX 214 BLOUNTSTOWN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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. Williams SIGNATURE REQUIRED Co. Chrp 3-30-02 850-674-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #