

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770654

1. Entity Name

MCALPIN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

POST OFFICE BOX 87
MCALPIN FL 32062

Mailing Address

POST OFFICE BOX 87
MCALPIN FL 32062-0087

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MCALPIN FLORIDA

City & State

MCALPIN FLA-

Zip

32062

Country

FLORIDA

Zip

32062

Country

FLORIDA

4. FEI Number

59-2859721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JAMES C JR
RT 3 BOX 327-9500 HWY 252E
MCALPIN FL 33062

7. Name and Address of New Registered Agent

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 fee 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

TITLE PD
NAME THOMPSON, JAMES C
STREET ADDRESS RT 3 BOX 327-9500 HWY 252C
CITY-ST-ZIP MCALPIN FL ☒ Delete

TITLE DVST
NAME THOMPSON, JAMES C
STREET ADDRESS P.O. BOX 180 17828 HWY 129 SOUTH
CITY-ST-ZIP MCALPIN FL ☐ Delete

TITLE DVST
NAME THOMPSON, JR. JAMES C.
STREET ADDRESS RT 3 BOX 327 9500 HWY 252 E
CITY-ST-ZIP LIVE OAK FL ☒ Delete

TITLE D
NAME DOUGLAS, CARL JR
STREET ADDRESS 11712 156TH ST
CITY-ST-ZIP MCALPIN FL 32062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD.
NAME THOMPSON JAMES C JR
STREET ADDRESS RT 3 BOX 327-9500 HWY 252C
CITY-ST-ZIP MCALPIN FL ☒ Change ☐ Addition

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

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

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

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

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

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 #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90199 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)