2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # N01000004994 1. Entity Name 03-11-2002 90048 033 ****61.25 LAKE SUMTER FIRE CHIEF'S ASSOCIATION, INC. Principal Place of Business Mailing Address 201 S. CANAL ST. 201 S. CANAL ST. LEESBURG FL 34748 LEESBURG FL 34748 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -MICHARD TUCKER-Street Address (P.O. Box Number is Not Acceptable) RICHARDSON, GENTRY 201 S. CANAL ST. 8013 EAST CR 466 LEESBURG FL 34748 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. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESIDENT Delete 9/01 TITLE TITLE P Change Addition MICHAEL TUCKER RICHARDSON, GENTRY NAME NAME E637 STREET ADDRESS 201 S. CANAL ST. STREET ADDRESS 8013 EAST CR466 OXFORD FL 34483 CITY-ST-7/P CITY-ST-ZIP LEESBURG FL 34748 Daleta Change Addition TITLE TITLE CARLE BISHOP 157 SEVENTH ST. TUCKER, MICHAEL NAME NAME STREET ADDRESS 8013 EAST CR 466 STREET ADDRESS CITY-ST-ZIP OXFORD FL 34483 CITY-ST-ZIP mie 🔭 Delete TITLE ☐ Change ☐ Addition JOLLIFF, JOHN NAME NAME STREET ADDRESS 1300 N. DONNELLY ST. STREET ADDRESS CITY-ST-ZIP MT. DORA FL 32757 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change nollibbA [NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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(3Xi), 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.

Deel TO JOHNB. JOWIFF

SIGNATURE:

FILED

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