

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90021 007 ****70.00

DOCUMENT # N05388

1. Entity Name

LAKE TALQUIN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

16500 BLOUNTSTOWN HWY
 TALLAHASSEE FL 32310
 US

Mailing Address

16500 BLOUNTSTOWN HWY
 TALLAHASSEE FL 32310-9419
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2916646

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARVEY, KENNETH R.
16919 BLOUNTSTOWN HWY
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name **Kenneth Roy Harvey**
 Street Address (P.O. Box Number is Not Acceptable)
16909 Blountstown Hwy
 City **Tall FID** FL Zip Code **32310**

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

Kenneth R Harvey
 Signature, typed or printed name of registered agent and title if applicable.

Kenneth R Harvey
 (NOTE: Registered Agent signature required when reinstating)

1-15-2000
 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	T	<input type="checkbox"/> Delete
NAME	HARVEY, CARMA	
STREET ADDRESS	16919 BLOUNTSTOWN HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OUZTS, GINA	
STREET ADDRESS	16919 BLOUNTSTOWN HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABBOT, BOB	
STREET ADDRESS	SMITH CREEK RD	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BICE, KATHLEEN	
STREET ADDRESS	16909 BLOUNTSTOWN HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	OUZTS, RANDY	
STREET ADDRESS	16500 HIGHWAY 20 WEST	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARVEY, KENNETH	
STREET ADDRESS	16919 BLOUNTSTOWN HWY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hank Knight	
STREET ADDRESS	402 W. Wilkenson St.	
CITY-ST-ZIP	TALL FL 32310	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK MILLER	
STREET ADDRESS	301 W. Wilkenson St	
CITY-ST-ZIP	TALL FL 32310	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Chambers	
STREET ADDRESS	16411 Blountstown Hwy	
CITY-ST-ZIP	TALL FL 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Harvey	
STREET ADDRESS	16919 Blountstown Hwy	
CITY-ST-ZIP	TALLAHASSEE FL 32310	

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:

Kenneth R Harvey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-2000

Daytime Phone #

575-0297

CR2E037 (9/99)