

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05580

1. Entity Name

CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90006 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2 WOODLAND AVENUE  
CANTONMENT FL 32533

2 WOODLAND AVENUE  
CANTONMENT FL 32533-1155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0186011

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

SMITH, JOHNNELL  
1951 STACY ROAD  
CANTONMENT FL 32533

Name *David Jordan*

Street Address (P.O. Box Number is Not Acceptable)

*1550 Glenna Lane*

City *Cantonment*

FL

Zip Code *32533*

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

*David Jordan* *David Jordan President*

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

(NOTE: Registered Agent signature required when reinstating)

*2/6/00*  
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 PD ☒ Delete  
NAME SMITH, JOHNNELL  
STREET ADDRESS 1951 STACY ROAD  
CITY-ST-ZIP CANTONMENT FL

TITLE PD ☒ Change ☐ Addition  
NAME *Jordan, David*  
STREET ADDRESS *1550 Glenna Lane*  
CITY-ST-ZIP *Cantonment, FL 32533*

TITLE VD ☒ Delete  
NAME BINGLE, JEFFREY N  
STREET ADDRESS 1080 HWY 97 S.  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE VP ☒ Change ☐ Addition  
NAME *Kevin Midlam*  
STREET ADDRESS *1976 Chavers Road, Lot C*  
CITY-ST-ZIP *Cantonment Fla 32533*

TITLE SD ☐ Delete  
NAME ELDER, SHERRI D  
STREET ADDRESS 1937 RYALE ROAD  
CITY-ST-ZIP CANTONMENT FL

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

TITLE T ☒ Delete  
NAME JOHNSON, CONNIE P  
STREET ADDRESS 2714 MONICA LN  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE *Treasurer* ☒ Change ☐ Addition  
NAME *Marta Gomes*  
STREET ADDRESS *474 Sceptor Ct. Sceptor Court*  
CITY-ST-ZIP *Cantonment Fla 32533*

TITLE D ☐ Delete  
NAME WOMACK, PEGGY  
STREET ADDRESS 602 COWLER AVE.  
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE CB ☐ Delete  
NAME PICKENS, LLOYD  
STREET ADDRESS 109 HARVEST HILL DR.  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*David Jordan* *David Jordan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/00*  
Date

*850-988-5211*  
Daytime Phone #

CR2E037 (9/99)