

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08974

1. Entity Name

SMITH CREEK VOLUNTEER FIRE DEPARTMENT INCORPORAT

Principal Place of Business

2984 SMITH CREEK RD
SOPCHOPPY FL 32358
US

Mailing Address

1691 SMITH CREEK ROAD
SOPCHOPPY FL 32358
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1836560

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LANGSTON, PAMELA
1691 SMITH CREEK ROAD
SOPCHOPPY FL 32358

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

Pamela Langston Sect/Treas. Pamela Langston

7-26-00

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
After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
NAME HARRELL, JD
STREET ADDRESS 1746 SMITH CREEK RD
CITY-ST-ZIP SOPCHOPPY FL

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

TITLE ST ☐ Delete
NAME LANGSTON, PAMELA
STREET ADDRESS 1691 SMITH CREEK ROAD
CITY-ST-ZIP SOPCHOPPY-FL

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

TITLE D ☐ Delete
NAME LANGSTON, LINDA
STREET ADDRESS 345 TED LANGSTON RD
CITY-ST-ZIP SOPCHOPPY FL

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

TITLE D ☐ Delete
NAME LANGSTON, WALTON
STREET ADDRESS 2086 SMITH CREEK RD
CITY-ST-ZIP SOPCHOPPY FL

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

TITLE D ☐ Delete
NAME MERRITT, BILL
STREET ADDRESS 3300 SMITH CREEK RD
CITY-ST-ZIP SOPCHOPPY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Pamela Langston Sect/Treas. Pamela Langston 7-26-00 850-926-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE