

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**  
 08-17-2000 90099 001 \*\*\*\*70.00

**DOCUMENT #** **N19153** **(R)**  
**1. Entity Name**  
*YEEHAW Junction Volunteer Fire Department*

**Principal Place of Business** **Mailing Address**

**A0073200**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business** **3. Mailing Address**  
*3400 Central Blvd.* *3400 Central Blvd.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State *OKEECHOBEE, FL* *OKEECHOBEE, FL*  
 Zip *34972* Country *U.S.* Zip *34972* Country *U.S.*

**4. FEI Number** **Applied For**  
☒ **Not Applicable**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
*Roy Bailey*  
*3575 Magnolia Dr.*  
*OKEECHOBEE, FL 34972*

**7. Name and Address of New Registered Agent**  
 Name *Ronald Bailey, Chief*  
 Street Address (P.O. Box Number is Not Acceptable) *5740 Forest Dr.*  
 City *OKEECHOBEE* *FL* Zip Code *34972*

**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** *Pres. Ronnie L. Bailey* *Ronnie L. Bailey* *8-10-00*  
 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** **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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Ronald Bailey</i> <i>5740 Forest Dr.</i> <i>OKEECHOBEE, FL 34972</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>Richard Bundrum</i> <i>5769 Tangerine Ln.</i> <i>OKEECHOBEE, FL 34972</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Allison Morrison</i> <i>5740 Forest Dr.</i> <i>OKEECHOBEE, FL 34972</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Debra Stone</i> <i>5745 Pine Ave.</i> <i>OKEECHOBEE, FL 34972</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Richard Bundrum</i> <i>5769 Tangerine Ct.</i> <i>OKEECHOBEE, FL 34972</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> <i>Ronald Bailey</i> <i>5740 Forest Dr.</i> <i>OKEECHOBEE, FL 34972</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Pres. Ronnie L. Bailey* *Ronnie L. Bailey* *8-10-00* *407-436-1600*

CR2E037 (9/99)