

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20348

1. Entity Name

LULU VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

STATE RD 100
LAKE BUTLER FL 32054

Mailing Address

RT 3 BOX 1060
LAKE BUTLER FL 32054-6900

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GILLEN, BETTY
4TH HOUSE ON LEFT
NORTH SIDE OF SR 100 @ Rt 3 Box 1060
LULU FL 32054 Lake Butler, FL 32054

7. Name and Address of New Registered Agent

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

Betty W. Gillen Sec & Treasurer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, JESSE RT. 3 BOX 423 LAKE BUTLER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLEN, ROLAND C SR. RT 3 BOX 1060 SR 100 LAKE BUTLER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, PATRICIA CR 241 RT 3- BOX 2045 LAKE BUTLER FL 32054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LORD, DANNY B SR 241 RT 3 BOX 2045 LAKE BUTLER FL 32054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVERY, RONALD H RT 3 BOX 362 LAKE BUTLER FL 32054 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILLEN, BETTY SR100 RT 3 BOX 1060 LAKE BUTLER FL 32054 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fire Chief Mark Ham, Meyin Rt 3 Box 2040 (St. Rd 241) Lake Butler, FL 32054 <input type="checkbox"/> Change <input checked="" 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: *Betty W. Gillen* *Betty W. Gillen* *3/24/2000* *904 752 1046*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90024 021 ****61.25



DO NOT WRITE IN THIS SPACE

03/29/2000