

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90302 044 ****61.25

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

2. Principal Place of Business

Lulu
Suite, Apt. #, etc.
South Side of SR 100

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lulu FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2800791

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GILLEN, BETTY
4TH HOUSE ON LEFT
NORTH SIDE OF SR 100
LULU FL 32061

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

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 | D | <input type="checkbox"/> Delete |
| NAME | CLEMONS, JESSE | |
| STREET ADDRESS | RT. 3 BOX 423 | |
| CITY-ST-ZIP | LAKE BUTLER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GILLEN, ROLAND C SR. | |
| STREET ADDRESS | RT 3 BOX 1060 SR 100 | |
| CITY-ST-ZIP | LAKE BUTLER FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LORD, PATRICIA | |
| STREET ADDRESS | CR 241 RT 3- BOX 2045 | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LORD, DANNY B | |
| STREET ADDRESS | SR 241 RT 3 BOX 2045 | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |
| TITLE | FC | <input type="checkbox"/> Delete |
| NAME | MARKHAM, NEVIN | |
| STREET ADDRESS | RT 3 BOX 2040 (ST. RD 244) | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | GILLEN, BETTY | |
| STREET ADDRESS | SR100 RT 3 BOX 1060 | |
| CITY-ST-ZIP | LAKE BUTLER FL 32054 | |

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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 | |
| 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: *Betty Gillen* *Betty Gillen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2001

Date

386
904 752 1046

Daytime Phone #

CR2E037 (10/00)