

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0057950

DOCUMENT # N20348

1. Entity Name

LULU VOLUNTEER FIRE DEPARTMENT, INC.

03-31-2002 90351 025 ****61.25

Principal Place of Business

Mailing Address

**SOUTH SIDE OF SR 100
 LALA FL 32054**

**RT 3 BOX 1060
 LAKE BUTLER FL 32054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

3-19-2002

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	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	

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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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 W. Gillen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-2002

DATE

386 752 1046

Daytime Phone #

CR2E037 (9/01)