

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

0063514

DOCUMENT # N20348

1. Entity Name

LULU VOLUNTEER FIRE DEPARTMENT, INC.



02-03-2003 90045 047 ****61.25

90014954



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

SOUTH SIDE OF SR 100
LAKE BUTLER FL 32054
LULU, FL 32061

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For

☒ Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Betty W. Gillen

Betty W. Gillen

1-31-03

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
Florida 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		
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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

1-30-03

386-752 1046

CR2E037 (10/02)