

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-29-2000 90183 039 ****70.00

DOCUMENT # N20968

1. Entity Name

LAND O'LAKES VOLUNTEER FIRE DEPARTMENT INC.#2

Principal Place of Business

Mailing Address

21709 HALE ROAD
 LAND O LAKES FL 34639-0095
 US

P. O. BOX 95
 LAND O LAKES FL 34639-0095
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2586827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANA ACCOUNTING SERVICES
3738 LAND O'LAKES BLVD.
SUITE 202
LAND O'LAKES FL 34639

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BYRNE, MICHAEL	
STREET ADDRESS	4718 ALPINE ROAD	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORD, MARY ANN H	
STREET ADDRESS	22620 PENNY LOOP	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENCHOFF, JOHN H	
STREET ADDRESS	2727 W FLETCHER AVE., APT 236	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ENGLE, WILLIAM L	
STREET ADDRESS	1901 BRINSON RD #14	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KERN, TAMMY J	
STREET ADDRESS	22731 PENNY LOOP	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	DILLY, JEFFREY W	
STREET ADDRESS	5140 EAGLE ISLAND DR	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL L. NAPIER III	
STREET ADDRESS	7706 B ST. JOHN'S RD	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN H. MCCORD	
STREET ADDRESS	22620 GAGE LOOP # 21	
CITY-ST-ZIP	LAUD O' LAKES, FL 34639	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT HAGEN	
STREET ADDRESS	22211 REESER LN	
CITY-ST-ZIP	LAND O' LAKES, FL 34639	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL V. JANGLES	
STREET ADDRESS	24836 WILD FRONTIER DRIVE	
CITY-ST-ZIP	LAND O' LAKES, FL 34639	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA S KELCH	
STREET ADDRESS	14027 BLUEGILL LANE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE R. MCALISTER	
STREET ADDRESS	20735 GARDENIA DR	
CITY-ST-ZIP	LAND O' LAKES, FL 34639	

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:

SIGNATURE REQUIRED ONLY S/T
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 FEB 00

813 996-2610

Date

Daytime Phone #

CR2E037 (9/99)