

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23790

1. Entity Name

TAYLORVILLE VOLUNTEER FIRE DEPARTMENT, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90062 047 ****70.00

Principal Place of Business

2738 CR 252
LAKE CITY FL 32024
US

Mailing Address

2738 CR 252
LAKE CITY FL 32024-3128
US

2. Principal Place of Business

Taylorville
VOLUNTEER FIRE DEPT

3. Mailing Address

2738 CR 252

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE CITY FLORIDA 32024

City & State

LAKE CITY FL 32024

Zip

32024 USA

Zip

32024

Country

USA

4. FEI Number

59-2879867

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOYCE A.
2738 CT 252
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name JOYCE A TAYLOR

Street Address (P.O. Box Numbers Not Acceptable)

2738 CR 252

LAKE CITY FL 32024

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

Joyce A Taylor Joyce A Taylor 1-5-2000

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 PD
NAME TAYLOR, ROBERT
STREET ADDRESS 2738 CR 252
CITY-ST-ZIP LAKE CITY FL ☐ Delete

TITLE VP
NAME TAYLOR, TIMOTHY
STREET ADDRESS 2752 CR 252
CITY-ST-ZIP LAKE CITY FL ☐ Delete

TITLE T
NAME TAYLOR, JOYCE
STREET ADDRESS 2738 CR 252
CITY-ST-ZIP LAKE CITY FL ☐ Delete

TITLE S
NAME ROACH, PATRICIA
STREET ADDRESS 16011 CR 252
CITY-ST-ZIP WELLBORN FL ☐ Delete

TITLE D
NAME ROACH, JERRY
STREET ADDRESS 16011 CR 257
CITY-ST-ZIP WELLBORN FL 32094 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)