

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90266 001 *****70.00

DOCUMENT # N23790

1. Entity Name

TAYLORVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

2738 CR 252
 LAKE CITY FL 32024
 US

2738 CR 252
 LAKE CITY FL 32024
 US

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 **59-2879867**

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

TAYLOR, JOYCE A.
2738 CT 252
LAKE CITY FL 32024

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

☐ Delete

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

☐ Delete

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

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

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

☐ Delete

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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]* **RECEIVED**

8-24-01

CR20037 (10-00)