

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90497 018 ****61.25

DOCUMENT # N27634

1. Entity Name

TURNBULL VOLUNTEER FIREFIGHTERS ASSOCIATION INC.

Principal Place of Business

1850 PIONEER TRAIL
 NEW SMYRNA BEACH FL 32168

Mailing Address

P.O. BOX 26
 NEW SMYRNA BEACH FL 32168
 US

00023734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

CLANTON, JASON
 1875 SUGAR TREE CIRCLE
 N.S.B. FL 32168

7. Name and Address of New Registered Agent

Name **Clanton, Jason**
 Street Address (P.O. Box Number is Not Acceptable)
223 N. GlenCoe
 City **N.S.B.** FL Zip Code **32168**

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

Jason Clanton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-01

**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	<input type="checkbox"/> Delete
NAME	DIAZ, RUBIN	
STREET ADDRESS	1850 PIONEER TRAIL	
CITY-ST-ZIP	N.S.B FL 32168	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIDGLEY, LOUANN	
STREET ADDRESS	1850 PIONEER TRAIL	
CITY-ST-ZIP	N.S.B. FL 32168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLANTON, JASON	
STREET ADDRESS	1850 PIONEER TRAIL	
CITY-ST-ZIP	N.S.B. FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARREL, CLAUDINE	
STREET ADDRESS	1850 PIONEER TRAIL	
CITY-ST-ZIP	N.S.B. FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Jason Clanton* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)