

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90214 005 ****61.25

DOCUMENT # N32797

1. Entity Name

SPRING LAKES VOLUNTEER FIREMEN'S FUND, INC.

Principal Place of Business

Mailing Address

2800 FIREHOUSE ROAD
 DELAND FL 32720

2800 FIREHOUSE ROAD
 DELAND FL 32720-8662

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2961948

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

LEFILS, GREGORY W.
165 SOUTH OAK AVENUE
ORANGE CITY FL 32763

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 Delete
 NAME **D WATTS, ROLAND**
 STREET ADDRESS **229 E GARDINIA DR**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition
 NAME **D Watts, Roland**
 STREET ADDRESS **261 East C Street**
 CITY-ST-ZIP **Orange City, FL 32763**

TITLE Delete
 NAME **D MACKIE, DAVID**
 STREET ADDRESS **713 ANDERSON DR**
 CITY-ST-ZIP **DELTONA FL**

TITLE Change Addition
 NAME **D Richard D. Scott JR.**
 STREET ADDRESS **1970 S. JOLUSIA AVE.**
 CITY-ST-ZIP **ORANGE CITY, FL. 32763**

TITLE Delete
 NAME **D HINSCH, HOWARD H**
 STREET ADDRESS **1010 TORCHMARK DR**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
 NAME **D Hinsch, Howard H.**
 STREET ADDRESS **1010 Torchwood Dr.**
 CITY-ST-ZIP **Deland FL 32720**

TITLE Delete
 NAME **D PASQUALLE, LYNN**
 STREET ADDRESS **1395 TENTH STREET**
 CITY-ST-ZIP **ORANGE CITY FL**

TITLE Change Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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, and 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:

Lynn Pasqualle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000
 Date

904-774-2610
 Daytime Phone #

CR2E037 (9/99)