

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90369 044 ****61.25

DOCUMENT # N37798

1. Entity Name

THE PUTNAM COUNTY VOLUNTEER FIRE SERVICE, INC.

Principal Place of Business

P.O. BOX 128
 RT 17 SOUTH
 SATSUMA FL 32189

Mailing Address

P.O. BOX 128
 RT 17 SOUTH
 SATSUMA FL 32189

550657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3020226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YARRINGTON, ANNE V.
108 ASH STREET
HAWTHORNE FL 32640-8008

7. Name and Address of New Registered Agent

Name **LAURENCE F. BEATON**
 Street Address (P.O. Box Number is Not Acceptable)
627 CRILL AVENUE
PALATKA
 City **PALATKA** FL Zip Code **32177**

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

Laurence F. Beaton

LAURENCE F. BEATON

MAY 3, 2001

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 STREET ADDRESS CITY-ST-ZIP	PD MONTONYE, JOSEPH O. P O BOX 128 N/A SATSUMA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEACOCK, ALLEN 113 N SUMMITT ST. CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVENPORT, DONNA M 600 HIGHWAY 20 HOLLISTER FL 32147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIMES, KEITH P O BOX 501 NA GEORGETOWN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNER, JOE P O BOX 158 N/A FLORAHOME FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, BRAD 6103 3RD MANOR WEST PALATKA FL 32177	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Donna M. Davenport **SD 5/13/2001 (386) 325-1974**

CR2E037 (10/00)