FILED

2001 UNIFORM BUSINESS REPORT JUBR)

SIGNATURE:

Mar 27, 2001 8:00 am Secretary of State DOCUMENT # N38108 1. Entity Name 02-06-2001 90054 032 ****61.25 DOWLING PARK VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address 22992 CR 250 22992 CR 250 LIVE OAK FL 32060 LIVE OAK FL 32060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State -: City & State 4. FEI Number Applied For 59-3021108 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required :: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WARDEN, JEFF 21317 217TH PL LIVE OAK FL 32060 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **FILE NOW:** \$5:00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Chier TITLE PD ☐ Delete TITLE Change ☐ Addition MONROE, STEFAN NAME NAME STREET ADDRESS 13646 233RD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL TITLE ST ☐ Delete TREASURER Change ■ Addition NAME STEVENS, CAROL NAME STREET ADDRESS .21962_104TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL TITLE CD Delete DIR TITLE Change ☐ Addition NAME PETERS, BRYAN NAME STREET ADORESS 21165 96 ST STREET ADDRESS CITY-ST-ZIP LIVE OAK FL CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME BEUCKLER, MICHAEL NAME STREET ADDRESS RT 1 BOX 892 STREET ADDRESS CITY-ST-ZIP MAYO FL 32066 President City-ST-7IP TITLE PIR, PD ☐ Delete ☐ Change foot church NAME NAME 12880 233 m Pel STREET ADDRESS STREET ADDRESS LIVE DAK FL 32060 CITY-ST-ZIP CITY-ST-ZIP See redoring : TITLE ☐ Delete Addition Change Rebecce Monroe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP LIVE OGK, FL 32060 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(3Xi), 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.