

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48674

1. Entity Name

NEW HOME COMMUNITY VOLUNTEER FIRE DEPARTMENT, IN

Principal Place of Business

ROUTE 1, BOX 695
MADISON FL

Mailing Address

ROUTE 1, BOX 695
MADISON FL

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

NOT APPLICABLE

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

PICKELS, JACK
ROUTE 1, BOX 690
MADISON FL 32340

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 D ☐ Delete
NAME COLVIN, BOBBY
STREET ADDRESS ROUTE 1, BOX 615 HWY.360
CITY-ST-ZIP MADISON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BASS, DANIEL
STREET ADDRESS ROUTE 1, BOX 818 HWY.360
CITY-ST-ZIP MADISON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TUTEN, MICKEY
STREET ADDRESS ROUTE 1, BOX 750 HWY.360
CITY-ST-ZIP MADISON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME ANDREWS, EUNICE
STREET ADDRESS ROUTE 1, BOX 695 HWY.360
CITY-ST-ZIP MADISON FL

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

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. 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: *Eunice Andrews* SIGNATURE REQUIRED *Eunice Andrews-3-5-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973-6026
973-8605

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90616 011 ****61.25

631190



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)