5/8/00-90210-024-$70.00-$70.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002155

1. Entity Name

LAKE IAMONIA VOLUNTEER FIRE RESCUE, INC.

FILED
00 JUN 15 PM 2:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
7812 MACLEAN RD. TALLAHASSEE FL 32312 US	P.O. BOX 15405 TALLAHASSEE FL 32317-5405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3828 Forsythe Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State
Zip: 32308 Country: LEON	Zip Country

4. FEI Number: 59-3187547 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCKMAN, MARIAN
7812 MACLEAN ROAD
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name: FRANK LESESNE
Street Address (P.O. Box Number is Not Acceptable): 3828 FORSYTHE WAY
City: TALLAHASSEE FL Zip Code: 32308

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: Frank Lesesne 25 APRIL 00
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	P BUCKMAN, MARIAN 7812 MACLEAN ROAD TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARK GRIFFITH 310 BAIL DR Tallahassee FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KUERSTEINER, KURT 2255 TEN OAKS DRIVE TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLARK, SUSAN 7828 MACLEAN ROAD TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KERI BECK 2255 TEN Oaks Dr. Tallahassee FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RIEDELL, LYDIA 3200 AFFIRMED CT TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Zeke FOLSOM 10553 N. MERIDIAN RD Tallahassee FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLARK, SUSAN 7828 MACLEAN RD TALLAHASSEE FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESESNEL, FRANK 3828 FORSYTHE WAY TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 25 April 00 656-1293 x218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #