

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90049 040 ****61.25

DOCUMENT # N97000000541

1. Entity Name

SOUTH LAKE FIREFIGHTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**LAKE COUNTY FIRE RESCUE STATION 91
 11630 LAKESHORE DRIVE
 CLERMONT FL 34711**

**P O BOX 1988
 MINNEOLA FL 34755-1988**



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

59-2990503

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

7. Name and Address of New Registered Agent

**BARBOUR, HUGH F
 17730 NEAL DRIVE
 MONTVERDE FL 34756-0036**

Name

Michael Joyce

Street Address (P.O. Box Number is Not Acceptable)

15922 Wilkinson DR

City

clermont

FL

Zip Code

34711

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

Michael Joyce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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 **PD** ☐ Delete
 NAME **ROBERTSON, MICHAEL**
 STREET ADDRESS **17151 BAY AVE**
 CITY-ST-ZIP **MONTVERDE FL 34756**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Michael Joyce**
 STREET ADDRESS **15922 Wilkinson DR.**
 CITY-ST-ZIP **clermont FL 34711**

TITLE **VPD** ☐ Delete
 NAME **JOYCE, MICHAEL**
 STREET ADDRESS **843 AVENIDA CUARTA**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VPD.** ☒ Change ☐ Addition
 NAME **Jeremy Hendrix**
 STREET ADDRESS **1114 Chelsea Park Dr.**
 CITY-ST-ZIP **clermont FL 34711**

TITLE **STD** ☐ Delete
 NAME **BAROUR, HUGH F**
 STREET ADDRESS **17730 NEAL DR**
 CITY-ST-ZIP **MONTVERDE FL 34756**

TITLE **TRES/sec** ☒ Change ☐ Addition
 NAME **Joel McLaughlin**
 STREET ADDRESS **15926 Hidden Lake Cir.**
 CITY-ST-ZIP **clermont FL 34711**

TITLE **ASSD** ☐ Delete
 NAME **MCLAUGHLIN, JOEL K**
 STREET ADDRESS **15926 HIDDEN LAKE CIR**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SEC** ☒ Change ☐ Addition
 NAME **Craig Kost**
 STREET ADDRESS **12932 county Rd. 474**
 CITY-ST-ZIP **clermont FL 34711**

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:

SIGNATURE REQUIRED Sec/TRES

4/27/00

352-241-1519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)