

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90011 014 ****70.00

DOCUMENT # N97000000541

1. Entity Name

SOUTH LAKE FIREFIGHTERS ASSOCIATION, INC.

Principal Place of Business

LAKE COUTNY FIRE RESCUE STATION 91
 11630 LAKESHORE DRIVE
 CLERMONT FL 34711

Mailing Address

P O BOX 1988
 MINNEOLA FL 34755-1988

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

59-2990503

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name JOEL K. MCLAUGHLIN
 Street Address (P.O. Box Number is Not Acceptable)
15926 Hidden Lake Cir
clermont FL
 City 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/22/01

**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	<input type="checkbox"/> Delete
NAME	ROBERTSON, MICHAEL	
STREET ADDRESS	17151 BAY AVE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOYCE, MICHAEL	
STREET ADDRESS	843 AVENIDA CUARTA	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAROUR, HUGH F	
STREET ADDRESS	17730 NEAL DR	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	ASSD	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JOEL K	
STREET ADDRESS	15926 HIDDEN LAKE CIR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Joyce	
STREET ADDRESS	15922 wilkinson DR	
CITY-ST-ZIP	clermont FL 34711	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeremy Hendrix	
STREET ADDRESS	285 West Oseola St	
CITY-ST-ZIP	clermont FL 34711	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL K. MCLAUGHLIN	
STREET ADDRESS	15926 Hidden Lake Cir	
CITY-ST-ZIP	clermont FL 34711	
TITLE	ASSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Kost	
STREET ADDRESS	12932 County Rd. 474	
CITY-ST-ZIP	clermont FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 OF JOEL K. MCLAUGHLIN

5-22-01

352-514-1558