

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90118 012 ****61.25

DOCUMENT # **N98000000331**

1. Entity Name
MICCOSUKEE VOLUNTEER FIRE-RESCUE, INC.



Principal Place of Business
**P O BOX 91030
MICCOSUKEE FL 32309**

Mailing Address
**P O BOX 91030
MICCOSUKEE FL 32309**

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 **31-1592669**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRON, JACK
15210 MAHAN DRIVE
TALLHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SD HORTON, DENNIS	<input type="checkbox"/> Delete
STREET ADDRESS 11071 BEACHILL LANE TALLHASSEE FL 32308	
TITLE NAME TD ROGERS, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 15986 REEVES LANDING RD TALLHASSEE FL 32308	
TITLE NAME CD HARRON, JACK	<input type="checkbox"/> Delete
STREET ADDRESS 15210 MAHAN DR TALLHASSEE FL 32308	
TITLE NAME CD BRIGHTBILL, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 9600 MICCOSUKEE RD TALLHASSEE FL 32308	
TITLE NAME PD PLASTER, JACK	<input type="checkbox"/> Delete
STREET ADDRESS 6809 CHISHOLM COURT WEST TALLHASSEE FL 32311	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME SD DENNIS HORTON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11071 BEACHILL LANE TALLHASSEE, FL 32317	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME CD BRIGHTBILL, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9601 MICCOSUKEE RD TALLHASSEE, FL 32308	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** *DAVID BRIGHTBILL* **DAVID BRIGHTBILL** 1-31-03 850 893-1177

CP2E037 (10/02)