2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2000 8:00 am DOCUMENT # N9900001098 1. Entity Name **Secretary of State** BASCOM VOLUNTEER FIRE DEPARTMENT, INC. 02-09-2000 90046 007 ****70.00 Principal Place of Business Mailing Address P.O. BOX 247 P.O. BOX 247 BASCOM FL 32423 BASCOM FL 32423-0247 2. Principal Place of Business 3. Mailing Address 4969 P.O. BOX 121 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Bassweed 4. FEI Number Applied For City & State City & State 31-1642679 Bascom Bascom, A Not Access . Country ____ = 5 Zip Country. \$8.75 Additional 5. Certificate of Status Desired ~ 🔽 Jackson Jackson 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Shares Street Address (P.O. Box Number is Not Acceptable)
5362 Humming Bird Rd SHIVERS, JERRY 5362 HUMMINGBIRD RD BASCOM FL City Zip Code Baswm <u> 32433</u> 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change NAME NAME Shivers Jeffeny SHIVERS, JEFFERY 5362 Humming Bird Rd. STREET ADDRESS STREET ADDRESS P.O. BOX 247 CITY-ST-ZIP CITY-ST-7IP Bascom A. 32423 BASCOM FL 32423 ☐ Change TITLE Delete TITLE MOBBS, THEODORE L NAME NAME Furice Dixon STREET ADDRESS STREET ADDRESS 5362 Humming Bind Rd WOLFPOND ROAD. CITY-ST-ZIP CITY-ST-ZIP Bascom A. 32423 **GREENWOOD FL 32443** ☐ Delete VΡ Change TITLE TITLE NAME NAME KING, STEVEN Mobiles . Theodore L Wolffene , Rd. STREET ADDRESS STREET ADDRESS 5425 8TH STREET CITY-ST-ZIP CITY-ST-7IP MALONE FL 32445 Greenwood A. 32443 TITLE ☐ Change TITLE Delete Kyle Chambliss NAME NAME 4764 Bartow Rd. Bascom Fl. 32422 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change NAME Chad Oxukens 4886 Highway 71 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Majone, A. ☐ Delete Change TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 changed, or on an attachment with an address, with all other like empowered.

Jan 18-2000 850-569-5062

SIGNATURE: