

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90091 037 ****61.25

DOCUMENT # 752410

1. Entity Name
RIMA RIDGE VOLUNTEER FIREFIGHTERS ASSO., INC.

Principal Place of Business Mailing Address

**500 RODEO RD.
 ORMOND BEACH FL 32174
 US** **246 PINTO LN.
 ORMOND BEACH FL 32174-7909**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Ormond Bch FL **3601 EAGLEWALK Dr**

Zip Country Zip Country

FL 32174 **FL 32174** **FL 32174** **FL 32174**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

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

**MCINTYRE, LINDA M
 19N YOUNGE ST #49
 ORMOND BEACH FL 32174**

Name **Louise WALKER**

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

3601 EAGLE WALK Dr

City **Ormond Beach** FL Zip Code **32174**

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 **LOUISE WALKER** *Louise Walker* **1-19-00**

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	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANK, MICHAEL D	NAME	BLANK, MICHAEL D
STREET ADDRESS	19 N YOUNGE ST LOT 49	STREET ADDRESS	435 Pinewoods rd
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	Ormond Bch FL 32174
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, GURDA	NAME	LISA SEKOLA
STREET ADDRESS	366 OAKRIDGE RD	STREET ADDRESS	3667 PLANTATION Dr
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	Ormond Bch FL 32174
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, NANCY	NAME	JOHN M O'Brien
STREET ADDRESS	190 PINTO LN.	STREET ADDRESS	435 Pinewoods rd
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	Ormond Bch FL 32174
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, LINDA	NAME	Louise WALKER
STREET ADDRESS	246 PINTO LN.	STREET ADDRESS	3601 EAGLE WALK Dr
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	Ormond Bch FL 32174
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUBINSKY, WALTER	NAME	
STREET ADDRESS	18 BRIDLE PATH	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERIN, TONY	NAME	
STREET ADDRESS	221 PINE CONE LA	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	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: *Louise Walker* **SIGNATURE REQUIRED** **1-19-00 (904) 673-9131**

Signature and typed or printed name of signing officer or director Date Daytime Phone #