

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90043 022 ****61.25

DOCUMENT # N94000004944

1. Entity Name

HILLSBOROUGH COUNTY VOLUNTEER FIRE SERVICES ASSO

Principal Place of Business

Mailing Address

2709 E HANNA AVE
TAMPA FL 33610
US

2709 E HANNA AVE
TAMPA FL 33610-1433
US

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

59-3304622

Applied For
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

MERTENS, ROBERT
2709 E HANNA AVE
TAMPA FL 33610

ADDRESS CHANGE
ONLY

Name

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

8208 ALAFIA RIDGE ROAD

RIVERVIEW

FL 33569

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 and printed name of current 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, GERALD	
STREET ADDRESS	5302 W THONOTOSASSA RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAZZARD, JEFFREY	
STREET ADDRESS	4705 E BLOOMINGDALE AVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARRETT, FERRIS	
STREET ADDRESS	602 LIGHTFOOT ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEASLEY, GLORIA	
STREET ADDRESS	602 LIGHTFOOT ROAD	
CITY-ST-ZIP	WIMAUMA FL 33598	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	MERTENS, ROBERT	
STREET ADDRESS	8208 ALAFIA RIDGE ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME	DAVIS, WILEY	
STREET ADDRESS	1529 TOUCHTON RD.	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: FERRIS GARRETT 2/14/00 813-276-E