

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90633 023 ****61.25

DOCUMENT # N94000004944 ✓
1. Entity Name
 HILLSBOROUGH COUNTY VOLUNTEER
 FIRE SERVICES ASSOC.

Principal Place of Business **Mailing Address**
 2709 E. HANNA AVE 2709 E. HANNA AVE.
 TAMPA FL 33610 TAMPA FL 33610-1433
 US

C0069427

DO NOT WRITE IN THIS SPACE

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 8208 ALAFIA RIDGE ROAD RIVERVIEW FL 33569		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.

SIGNATURE

(agent signature required when reinstating)

DATE

FILE NOW
FEES \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD MERTENS, ROBERT 8208 ALAFIA RIDGE ROAD RIVERVIEW FL 33569 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, WILEY 1529 TOUCHTON RD. LUTZ FL 33549 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARRETT, FERRIS 602 LIGHTFOOT RD. WIMAUMA FL 33598 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BEASLEY, GLORIA 602 LIGHTFOOT RD WIMAUMA FL 33598 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:

FERRIS GARRETT 5/15/01 813-276-8354
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)