

2000 UNIFORM BUSINESS REPORT (UBR)

2/23/00-90028-009-\$70.00-\$70.00

DOCUMENT # 708802

1. Entity Name

HERNANDO VOLUNTEER FIRE DEPARTMENT, INC.

FILED

00 MAR 23 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3673 E. ORANGE DR.
HERNANDO FL 34442

3673 E. ORANGE DR.
HERNANDO FL 34442-4353

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

59-1000876

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

~~BLOOMER, RODNEY E
1067 N. CHRISTY WAY
INVERNESS FL 34453~~

Name **PAUL GILLUM (CHIEF) "D"**

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

4363 N. KEEL DRIVE

City **HERNANDO**

FL

Zip Code

34442

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	EBERHARDT, JOSEPH M	
STREET ADDRESS	3947 E. ALLENDALE ST.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLOOMER, JODY	
STREET ADDRESS	1067 N. CHRISTY WAY	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIANULLI, BEN	
STREET ADDRESS	2496 E NEW HAVEN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOWE, TIMOTHY	
STREET ADDRESS	4150 E. LAKE PARK DRIVE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	QUARTERMASTER	<input type="checkbox"/> Delete "D"
NAME	TERRY E. SPONHOLZ	
STREET ADDRESS	6745 N. CASTLEBURY RD.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S- SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SOTRINES	
STREET ADDRESS	804 N. BENNINGTON TER. "D"	
CITY-ST-ZIP	INVERNESS, FL. 34453	
TITLE	V-VISE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN SANDERS	
STREET ADDRESS	4237 E. AMHERST ST.	
CITY-ST-ZIP	HERNANDO, FL. 34442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FROM VISE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TO PRESIDENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

B. Mianulli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

726-3939
352-~~1111~~

CR2E037 (9/99)