

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719239

1. Entity Name

HIGHLANDS LAKES VOLUNTEER FIRE AND RESCUE ASSOCI

Principal Place of Business

2840 N HIGHLANDS BLVD.  
AVON PARK FL 33825

Mailing Address

P.O. BOX 7  
AVON PARK FL 33826-0007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90040 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6533620** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, JUDY  
3210 W. CARMINE RD.,  
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name Jamie Bateman  
Street Address (P.O. Box Number is Not Acceptable) 5215 Michon Path  
City Avon Park FL Zip Code 33825

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 Jamie Bateman Jamie Bateman 3-7-00  
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BATEMAN, BILLY M	
STREET ADDRESS	5215 MICHON PATH	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOPPE, CHARLIE	
STREET ADDRESS	2165 N OLIVA	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOLIN, MICHELLE	
STREET ADDRESS	2132 N ZEPHYR RD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BATEMAN, JAMIE	
STREET ADDRESS	5215 MICHON PATH	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JIMMY	
STREET ADDRESS	220 N RUTH RD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, ERIC	
STREET ADDRESS	1683 N RIVERDALE RD	
CITY-ST-ZIP	AVON PARK FL 33825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Mike Morse
STREET ADDRESS	P O Box 612
CITY-ST-ZIP	Avon Park, FL 33826
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Rene Jolliff
STREET ADDRESS	2071 E McCall Lane
CITY-ST-ZIP	Avon Park, FL 33825

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: Billy Bateman 3/7/00 863-452-5659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)