

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719239

1. Entity Name

HIGHLANDS LAKES VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.

Principal Place of Business

2840 N HIGHLANDS BLVD.  
AVON PARK FL 33825

Mailing Address

P.O. BOX 7  
AVON PARK FL 33825

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

59-6533620

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

JOLIN, MICHELLE  
2132 N ZEPHYR RD  
AVON PARK FL 33825

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

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  
NAME HOPPE, CHARLIE  
STREET ADDRESS 2165 N OLIVA  
CITY-ST-ZIP AVON PARK FL 33825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BATEMAN, BILLY M  
STREET ADDRESS 5215 MICHON PATH  
CITY-ST-ZIP AVON PARK FL 33825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME JOLIFF, RENEE  
STREET ADDRESS 2871 EAST MCCALL LANE  
CITY-ST-ZIP AVON PARK FL 33825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME BATEMAN, JAMIE  
STREET ADDRESS 5215 MICHON PATH  
CITY-ST-ZIP AVON PARK FL 33825

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME MORSE, MIKE  
STREET ADDRESS P.O. BOX 612  
CITY-ST-ZIP AVON PARK FL 33826

☐ 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

RENÉE JOLIFF Secretary

1/8/02

Date

Daytime Phone #

CR2E037 (9/01)