

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90378 033 ****61.25

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

4. FEI Number **59-6533620**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Kim Lehman

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

203 Margarete Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kim Lehman

Treasurer

1/16/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOPPE, CHARLIE	
STREET ADDRESS	2165 N OLIVIA	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATEMAN, BILLY M	
STREET ADDRESS	5215 MICHON PATH	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOLLIFF, RENEE	
STREET ADDRESS	2871 EAST MCCALL LANE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATEMAN, JAMIE	
STREET ADDRESS	5215 MICHON PATH	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORSE, MIKE	
STREET ADDRESS	P.O. BOX 612	
CITY-ST-ZIP	AVON PARK FL 33826	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Ferrante	
STREET ADDRESS	5135 Felber Rd	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josh Ferrante	
STREET ADDRESS	5135 Felber Rd	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurt Olsen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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		

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:

Michael Morse

CR2E037 (10/02)