

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726182

1. Entity Name

ROLLING WOODS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

24798 SE HWY 42
UMATILLA FL 32784
US

Mailing Address

24798 SE HWY 42
UMATILLA FL 32784-8724
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FREY, CARL
16895 S.E. 272 CT.
UMATILLA FL 32784

7. Name and Address of New Registered Agent

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

TITLE PD ☒ Delete
NAME BILZ, DEBORAH
STREET ADDRESS 11930 TAGS TRAIL
CITY-ST-ZIP UMATILLA FL 32784

TITLE ~~VD~~ ☐ Delete
NAME HALLGREN, BRUCE
STREET ADDRESS 16900 SE 272 CT.
CITY-ST-ZIP UMATILLA FL 32784

TITLE TD ☐ Delete
NAME FREY, CARL
STREET ADDRESS SE 272 CT.
CITY-ST-ZIP UMATILLA FL 32784

TITLE ~~SD~~ ☒ Delete
NAME BRITTING, DIANE
STREET ADDRESS 625 E. WASHINGTON AVE.
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME HALLGREN, BRUCE
STREET ADDRESS 16900 SE 272 CT
CITY-ST-ZIP UMATILLA, FL 32784

TITLE VD ☐ Change ☒ Addition
NAME PETERS, AMY
STREET ADDRESS PO BOX 366
CITY-ST-ZIP ALTOONA, FL 32702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ROUBAUSH, SUE
STREET ADDRESS PO BOX 562
CITY-ST-ZIP ALTOONA, FL 32702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BRUCE HALLGREN B. HALLGREN 2-7-00 352-669-9524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2855162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required