

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 14, 2000 8:00 am  
Secretary of State  
03-14-2000 90030 013 \*\*\*\*70.00

DOCUMENT # 730291  
Entity Name  
DADE CITY FIRE RESCUE, INC.

Principal Place of Business      Mailing Address  
14317 4TH ST  
DADE CITY FL 33523      14317 4TH ST  
DADE CITY FL 33523-3412  
US

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      NOT APPLICABLE      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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

WELLS, BARBARA A  
14317 4TH ST  
DADE CITY FL 33525

3. 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

| 0. OFFICERS AND DIRECTORS |                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                          |  |
|---------------------------|--------------------|---------------------------------|---|--------------------------|--|
| TITLE                     | PD                 | <input type="checkbox"/> Delete | TITLE   | PD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | WUBBENA, J P       |                                 | NAME  | Tony L. Hicks            |  |
| STREET ADDRESS            | 14317 4TH STREET   |                                 | STREET ADDRESS  | 14317 4th Street         |  |
| CITY-ST-ZIP               | DADE CITY FL       |                                 | CITY-ST-ZIP   | Dade City, Florida 33523 |  |
| TITLE                     | VD                 | <input type="checkbox"/> Delete | TITLE   | VD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | HICKS, T L         |                                 | NAME  | Reedy, D. H.             |  |
| STREET ADDRESS            | 14317 4TH STREET   |                                 | STREET ADDRESS  | 14317 4th Street         |  |
| CITY-ST-ZIP               | DADE CITY FL       |                                 | CITY-ST-ZIP   | Dade City, Florida 33523 |  |
| TITLE                     | SD                 | <input type="checkbox"/> Delete | TITLE   | SD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | SHIREMAN, K L      |                                 | NAME  | Frum, J. J.              |  |
| STREET ADDRESS            | 14317 4TH ST       |                                 | STREET ADDRESS  | 14317 4th Street         |  |
| CITY-ST-ZIP               | DADE CITY FL       |                                 | CITY-ST-ZIP   | Dade City, Florida 33523 |  |
| TITLE                     | T                  | <input type="checkbox"/> Delete | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                      | WELLS, BARBARA A   |                                 | NAME  |                          |  |
| STREET ADDRESS            | 14317 4TH STREET   |                                 | STREET ADDRESS  |                          |  |
| CITY-ST-ZIP               | DADE CITY FL 33523 |                                 | CITY-ST-ZIP   |                          |  |
| TITLE                     |                    | <input type="checkbox"/> Delete | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                      |                    |                                 | NAME  |                          |  |
| STREET ADDRESS            |                    |                                 | STREET ADDRESS  |                          |  |
| CITY-ST-ZIP               |                    |                                 | CITY-ST-ZIP   |                          |  |
| TITLE                     |                    | <input type="checkbox"/> Delete | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                      |                    |                                 | NAME  |                          |  |
| STREET ADDRESS            |                    |                                 | STREET ADDRESS  |                          |  |
| CITY-ST-ZIP               |                    |                                 | CITY-ST-ZIP   |                          |  |

2. 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:      SIGNATURE REQUIRED      March 7, 2000      352-521-1494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #