

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732967

1. Entity Name

HERNANDO HIGH POINT VOLUNTEER FIRE DEPARTMENT, I

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90207 022 ****61.25

Principal Place of Business 8008 BALTIC STREET BROOKSVILLE FL 34613	Mailing Address 8008 BALTIC STREET HIGH POINT BROOKSVILLE FL 34613-5528 US
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2. Principal Place of Business 8008 Baltic Street Suite, Apt. #, etc. N/A	3. Mailing Address 8008 Baltic Street Suite, Apt. #, etc. N/A
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City & State Brooksville, FL.	City & State Brooksville, FL.
Zip 34613	Country USA

4. FEI Number 51-0166553	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input checked="" type="checkbox"/>
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6. Name and Address of Current Registered Agent ERWIN, ROBERT W 7359 HIGHPOINT BLVD. BROOKSVILLE FL 34613

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 ERWIN, ROBERT W	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLENDER, ROBERT J 7475 DEARBORN AVE BROOKSVILLE FL 34613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGAMN, JOHN F 8144 EAGLE DR. BROOKSVILLE FL 34613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUNNINGHAM, PATRICIA 8134 EAGLE DRIVE BROOKSVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERWIN, ROBERT W 7359 HIGHPOINT BLVD. BROOKSVILLE FL 34613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CECH, JOE 8186 STOCKHOLM ST. BROOKSVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, SUE 9292 HIGHPOINT BLVD. BROOKSVILLE FL 34613 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lawrence Gerke 7390 Neilson Ave. Brooksville, FL. 34613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President John F. Hagan 8144 Eagle Dr. Brooksville, FL. 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ulrich J. Lorenz 7575 Western Circle Dr. Brooksville, FL. 34613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Donald Cooney 7426 Eastern Circle Brooksville, FL. 34613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Robert W. Erwin, Treasurer	1-352-596-7747	Date 1/24/2000	Daytime Phone #
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CR2E037 (9/99)