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

DOCUMENT # 732967

1. Entity Name

HERNANDO HIGH POINT VOLUNTEER FIRE DEPARTMENT, I



FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90031 020 ****61.25

NG.				V	600 WE 1							
Principal Place	of Business	Mailir	g Address									
8008 BALTIC S	TREET	8008	8008 BALTIC STREET									
BROOKSVILLE FL 34613			BROOKSVILLE FL 34613									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	}	C	City & State				4. FEI Number 51-0166553			<u> </u>	oplied For ot Applicable	
Zip	Country -		Zip		Country		5. Certificate of St	atus Desired		\$8.75 Add	itional	
6. Name and Address of Current f			Registered Agent			7. Name and Address of New Registered Agent						
					Name							
ERWIN, ROBERT W			Street Address			iress (F	P.O. Box Number is N	Vot Acceptable)			
	HPOINT BLVD.	•	01100071001000			., 000 (.						
BROOKS	VILLE FL 34613											
4						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. I am familiar with, and accept												
the obligation	ons of registered agent.											
SIGNATURE _											ļ	
	Signature, typed or printed name of r	registered agent and title if ap	plicable. (NOTE	: Registere	d Agent signature	required	when reinstating)		DATE			
3 Cap. 1												
FILE NOW: FEE IS \$61.25						,	\$5.00 May Be			ck Payable		
			Trust Fund Contribution.			J	Added to Fees	Florid	ia Depa	rtment of	State .	
10.	OEEICE 3.	RS AND DIRECTORS		11.	•		ADDITIONS/CHANG	ES TO OFFICE	BS AND [DIRECTORS IN	i 10	
TITLE	PD ±	INS AND DIFFECTOR	Delete	TITL			RECTOR	20 10 011102	11071110	☐ Change	X Addition	
NAME	CALLENDER, ROBERT	T J		NAM	IE		WRENCE GE	RKE				
STREET ADDRESS	ESS 7475 DEARBORN AVE				STREET ADDRESS 73		390 Nielson Ave. Brooksville,Fl				e.Fl.	
CITY-ST-ZIP	BROOKSVILLE FL 346	613		CITY	/-ST-ZIP					3	4613	
TITLE	VD		☐ Delete	TITL	- 1		CRETARY			☐ Change	Addition 📈	
NAME STREET ADDRESS	HAGAN, JOHN F 8144 EAGLE DR.				EET ADDRESS	MARGARET HAGAN RESS 8144 Eagle Avenue Brooksvi				5.1		
CITY-ST-ZIP	BROOKSVILLE FL 340	613			'-ST-ZIP	8T	44 Eagle	Avenue	Broc		e, FI.	
TITLE	D	<u></u>	☐ Delete	TITL	E					☐ Change	Addition	
NAME	PILIPCHUK, JAMES			NAM	1E							
_STREET_AOORESS.	12327_O'BRIEN-AVE=				EET ADDRESS			· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	BROOKSVILLE FL 346	5 <i>13</i>		-	/-ST-ZIP							
TITLE '	td Erwin, Robert W		☐ Delete	TITL						Change	☐ Addition	
STREET ADDRESS	7359 HIGHPOINT BLVI	D.			EET ADDRESS							
CITY-ST-ZIP	BROOKSVILLE FL 346			CITY	'-ST-ZIP				_			
TATLE	D		☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME	LORENZ, ULRICH J			NAM								
STREET ADDRESS CITY-ST-ZIP	7575 WESTERN CIRCI				EET ADDRESS '-ST-ZIP							
	BROOKSVILLE FL 346	13	☐ Delete	TITL						☐ Change	Addition	
TITLE NAME	HUDSON, FRANK		∟ Dele(e	NAN						ш опанус	☐ Addition	
STREET ADDRESS	8103 LITTLE TEE LAN	E		B	EET ADDRESS							
CITY-ST-ZIP BROOKSVILLE FL 34613					'-ST-ZIP							
10 Lhoroby o	ortify that the information e		does not avalify for	the eve	motion states	d in Sn	otion 119 07(3\/i) El	orido Statutos	Lfurther o	ortify that the i	nformation	

2. I bereby 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 receive or truttee 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: POLICE RESIDRED