

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738446

1. Entity Name

HIGHLANDS PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

1317 COLUMBUS STREET
LAKE PLACID FL 33852

Mailing Address

1317 COLUMBUS STREET
LAKE PLACID FL 33852-7110
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0236362

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

CLAY, TED N
509 LAKESIDE DR.
LAKE PLACID FL 33852

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAVAGNI, RICHARD
1609 BRADLEY AVENUE
LAKE PLACID FL 33852 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLAY, TED
509 LAKESIDE DR.
LAKE PLACID FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
509 LAKESIDE Dr. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
GAVAGNI, LIL
1522 MIMOSA STREET
LAKE PLACID FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1609 BRADLEY AVE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MASSIMO SARNI
22 FREEDOM WAY
LAKE PLACID, FL 33852 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Richard Gavagni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 (863) 699-0491
Date Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90003 018 ****61.25

627133



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)