

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744699

1. Entity Name

TRAVELERS' REST VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

29129 JOHNSTON RD.
DADE CITY FL 33523
US

Mailing Address

29129 JOHNSTON RD.
DADE CITY FL 33523-6128
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2193936

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOSNELL, W.K.
29129 JOHNSTON RD.
DADE CITY FL 33523

7. Name and Address of New Registered Agent

Name Paul Feller

Street Address (P.O. Box Number is Not Acceptable)

29129 Johnston Road

Dade City, Fl 33523

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

Paul Feller

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	DP	<input checked="" type="checkbox"/> Delete
NAME	CREEL, JIM	
STREET ADDRESS	29129 JOHNSTON RD LOT25-25	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	LAWSON, FRANK	
STREET ADDRESS	29129 JOHNSTON RD LOT 2801	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BELLINGER, W.E.	
STREET ADDRESS	29129 JOHNSTON RD LT 2801	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELLER, PAUL	
STREET ADDRESS	29129 JOHNSTON RD LOT 8-17	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOSNELL, W.K.	
STREET ADDRESS	29129 JOHNSTON RD LOT 2547	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Gest	
STREET ADDRESS	29129 Johnston Road	13-34
CITY-ST-ZIP	Dade City, FL	33523
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Gutridge	
STREET ADDRESS	29129 Johnston Road	14-39
CITY-ST-ZIP	Dade City, Fl	33523
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry Wright	
STREET ADDRESS	29129 Johnston Road	2611
CITY-ST-ZIP	Dade City, Fl	33523
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas Pedersen	
STREET ADDRESS	29129 Johnston Road	10-03
CITY-ST-ZIP	Dade City, Fl	33523
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul Feller

REQUIRED

Feb 2, 2000

352-588-4356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)