

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744699**

1. Entity Name

TRAVELERS' REST VOLUNTEER FIRE AND RESCUE, INC.**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90150 011 ****61.25

Principal Place of Business

**29129 JOHNSTON RD.
DADE CITY FL 33523
US**

Mailing Address

**29129 JOHNSTON RD.
DADE CITY FL 33525
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

59-2193936

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

**FELLER, PAUL
29129 JOHNSTON ROAD
DADE CITY FL 33523**

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GEST, RICHARD
29129 JOHNSTON ROAD 13-34
DADE CITY FL 33523** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GUTRIDGE, RICHARD
29129 JOHNSTON ROAD 14-39
DADE CITY FL 33523** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BELLINGER, W. E.
29129 JOHNSTON RD #2636
DADE CITY FL 33523** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FELLER, PAUL
29129 JOHNSTON RD LOT 8-17
DADE CITY FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEDERSEN, DOUGLAS
29129 JOHNSTON ROAD 10-03
DADE CITY FL 33523** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

William E. Bellinger, Jr.
William E. Bellinger, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-02 352-588-2980

CR2E037 (9/01)