

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90256 013 \*\*\*\*61.25

**DOCUMENT # 744699**

1. Entity Name

**TRAVELERS' REST VOLUNTEER FIRE AND RESCUE, INC.**



Principal Place of Business

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

Mailing Address

**29129 JOHNSTON RD.  
DADE CITY FL 33523  
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

**RICHARD GUTRIDGE**

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

**29129 JOHNSTON RD 14-39**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD GUTRIDGE**

*Richard Gutridge*

**2-11-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
GEST, RICHARD  
29129 JOHNSTON ROAD 13-34  
DADE CITY FL 33523** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
GUTRIDGE, RICHARD  
29129 JOHNSTON ROAD 14-39  
DADE CITY FL 33523** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHIEF/DIRECTOR** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BELLINGER, W. E.  
29129 JOHNSTON RD #2636  
DADE CITY FL 33523** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FELLER, PAUL  
29129 JOHNSTON RD LOT 8-17  
DADE CITY FL** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PEDERSEN, DOUGLAS  
29129 JOHNSTON ROAD 10-03  
DADE CITY FL 33523** ☐ 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  
**DIRECTOR  
FLOYD RUBBINS  
29129 JOHNSTON RD 254H  
DADE CITY, FL 33523** ☐ 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 BELLINGER*  
**WILLIAM BELLINGER**

**2-11-03**

**352-588-2930**

CR2E037 (10/02)