

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760688

1. Entity Name

PLANT CITY FIREMAN'S BENEFIT ASSOCIATION

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90041 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

RON HULL  
804 E ALEXANDER ST  
PLANT CITY FL 33566  
US

809 N ALEXANDER ST  
804 E ALEXANDER ST  
PLANT CITY FL 33566-7164  
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

59-2054734

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

RONNIE D. HULL  
809 N ALEXANDER ST  
PLANT CITY FL 33566

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 PD ☐ Delete  
NAME LUMLEY, KEVIN  
STREET ADDRESS 3612 PORTER RD  
CITY-ST-ZIP LITHIA FL 33547

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

TITLE VP ☐ Delete  
NAME GOUHIN, JAMES  
STREET ADDRESS 1911 HUNTER RD. W.  
CITY-ST-ZIP PLANT CITY FL

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

TITLE S ☐ Delete  
NAME BOWERS, BILL  
STREET ADDRESS 2002 E. WILLOW DR  
CITY-ST-ZIP PLANT CITY FL

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

TITLE ST ☐ Delete  
NAME RON HALL  
STREET ADDRESS 4455 CINDY ROAD  
CITY-ST-ZIP LAKE LAND FL

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

TITLE D ☐ Delete  
NAME HALE, TERRY  
STREET ADDRESS 2501 S. WIGGINS  
CITY-ST-ZIP PLANT CITY FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature of Ronnie D. Hull*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-00

Date

813-757-9131

Daytime Phone #

CR2E037 (9/99)