## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # J70558** 1. Entity Name RURAL/METRO OF NORTH FLORIDA, INC. 04-26-2000 90056 048 \*\*\*150.00 Principal Place of Business Mailing Address 516 ELVA STREET ATTN: TAX DEPT MILTON FL 32754 PO DRAWER F SCOTTSDALE AZ 85252-3000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2798471 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRES TITLE 껎 Delete TITLE NAME BRUCKER FURMAN, JOHN JACK E NAME STREET ADDRESS 8401 E. INDIAN SCHOOL RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85251 8401 E. INDIAN SCHOOL RD. SCOTTSDALE. ☐ Change Addition AS ☐ Delete TITLE TITLE STEVENS, DAVID NAME 8401 E. INDIAN SCHOOL RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85251 Delete P. HOFFHAM. KC Change ☐ Addition TITLE TITLE LIEBNER, MARK E NAME NAME DEAN STREET ADDRESS STREET ADDRESS 8401 E. INDIAN SCHOOL RD. CITY-ST-ZIP CITY-ST-ZIP 8401 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ SCOTTSDALE AZ 85251 Delete TITLE ☐ Addition TITLE 5 BANAS LEE. STEVEN M NAME NAME STREET ADDRESS STREET ADDRESS 8401 E. INDIAN SCHOOL RD. CITY-ST-ZIP 8401 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ 85251 CITY-ST-ZIP SCOTTSDALE AZ 85251 Addition **-Æ** Delete TITLE TITLE P. HOPFMAN CROWELL, WILLIAM R NAME DEAN NAME STREET ADDRESS STREET ADORESS 8401 E. INDIAN SCHOOL RD. CITY-ST-ZIP 8401 E. INDIAN SCHOOL RD. SCOTTSDALE, AZ 85251 CITY-ST-ZIP SCOTTSDALE AZ 85251 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

avtime Phone

SIGNATURE: