

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006621

1. Entity Name

THE LAKE HAMILTON VOLUNTEER FIRE, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90115 011 *****61.25

Principal Place of Business

75 BROADWAY ST.
LAKE HAMILTON FL 33851

Mailing Address

75 BROADWAY ST.
LAKE HAMILTON FL 33851

2. Principal Place of Business

3. Mailing Address

P.O. Box 195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE HAMILTON, FL

Zip

Country

Zip

Country

33851-0195

FL

4. FEI Number

59-3010237

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

ROGERS, RALPH W JR.
315 SMITH AVE.
LAKE HAMILTON FL 33851

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

RALPH W. ROGERS JR.

Ralph W. Rogers Jr.

Jan 19, 2001

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 NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, RICHARD 505 N. PARK AVE. LAKE HAMILTON FL 33851	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, L.B. 515 SAMPLE AVE. LAKE HAMILTON FL 33851	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROGERS, RALPH W JR. 315 SMITH AVE. LAKE HAMILTON FL 33851	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAIR, JOHN R 221 SAMPLE AVE. LAKE HAMILTON FL 33851	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JACK 1513 CHICAGO AVE. LAKE HAMILTON FL 33851	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBUSH, GUY 519 N. PARK AVE. LAKE HAMILTON FL 33851	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 87, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an error like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 2001

Date

Daytime Phone #

863/439-2190

CR2E037 (10/00)