

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10779

1. Entity Name

BETHESDA AMBULANCE SERVICE, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90106 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O JOEL T. STRAWN  
54 N.E. FOURTH AVE  
DELRAY BEACH FL 33483

C/O JOEL T. STRAWN  
54 N.E. FOURTH AVE  
DELRAY BEACH FL 33483-4558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2564012

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRAWN, JOEL T.  
54 N.E. FOURTH AVE  
DELRAY BEACH FL 33483

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 DP ☐ Delete  
NAME HILL, ROBERT B.  
STREET ADDRESS 2815 S. SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL

TITLE D ☐ Change ☒ Addition  
NAME RODAK, JOY L.  
STREET ADDRESS 2815 S. SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE TDV ☐ Delete  
NAME TAYLOR, ROBERT B  
STREET ADDRESS 2815 S. SEACREST BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE D ☒ Delete  
NAME PELTZIE, KENNETH  
STREET ADDRESS 2815 S. SEACREST BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33435

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

TITLE S ☐ Delete  
NAME STRAWN, JOEL T  
STREET ADDRESS 54 N.E. 4TH AVE  
CITY-ST-ZIP DELRAY BEACH FL 33438

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

TITLE D ☐ Delete  
NAME KIRK, ROGER L  
STREET ADDRESS 2815 S. SEACREST BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33435

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: Robert B. Taylor, Jr. **NOT REQUIRED** 4/19/00 561-737-7733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)