

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21109

1. Entity Name

THE GREATER FOREST HILLS VOLUNTEER SECURITY PATR

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90023 026 ****61.25

Principal Place of Business

1749 HARPOON DRIVE
FOREST HILLS ASS'N CLUBHOUSE
HOLIDAY FL 34690
US

Mailing Address

P.O. BOX 3498
HOLIDAY FL 34690-0498
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2833115

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

HOGAN, GEORGE J
1104 LODESTAR DRIVE
HOLIDAY FL 34690

Name
Melvin Fishwick

Street Address (P.O. Box Number is Not Acceptable)
1183 Fernwood Dr.

City
Holiday

FL

Zip Code
34690

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

Melvin Fishwick

3-12-00

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	P HOGAN, GEORGE J 1104 LODESTAR DR HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, STEWART M 5253 FOREST HILLS DR HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 HARDING, KATHLEEN 1908 HARPOON DR HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, PHILIP 5521 FLORA AVE HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP1 FISHWICK, MELVIN 1183 FERNWOOD DR HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, STEWART M 5253 FOREST HILLS DR HOLIDAY FL 34690	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Melvin Fishwick 1183 Fernwood Dr. Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Kathleen Harding 1908 Harpoon Dr. Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect'y-Treas. George J. Hogan 1104 Lodestar Dr. Holiday, FL 34690	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stewart M. Wells 5253 Forest Hills Dr. Holiday, FL 34690	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Philip J. Carter 5521 Flora Ave. Holiday, FL 34690	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Frances Woodhouse 5716 Mosaic Dr. Holiday, FL 34690	<input checked="" 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin Fishwick

Date

(727) 942 1900

Daytime Phone #

CR2E037 (9/99)