

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90036 006 \*\*\*\*61.25

**DOCUMENT # N21109**

1. Entity Name

**THE GREATER FOREST HILLS VOLUNTEER SECURITY PATR**

Principal Place of Business

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

Mailing Address

~~P.O. BOX 3498~~ **1749 HARPOON**  
~~HOLIDAY FL 34690~~  
~~US~~  
**SAME AS BUS.**

2. Principal Place of Business

3. Mailing Address

**1749 HARPOON DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**HOLIDAY, FL 34690**

4. FEI Number

**59-2833115**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34690**

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

**FISHWICK, MELVIN  
1183 FERNWOOD DR  
HOLIDAY FL 34690**

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

**Melvin Fishwick, President**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Fishwick, Melvin</b> <b>1183 Fernwood Dr.</b> <b>Holiday, FL 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Harding, Kaye</b> <b>1908 Harpoon Dr.</b> <b>Holiday, FL 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secty</b> <b>Verbocy, Elmer</b> <b>1538 Plumtree Rd.</b> <b>Holiday, FL 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tr</b> <b>Hogan, George J.</b> <b>1104 Lodestar Dr.</b> <b>Holiday, FL 34690</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Carter, Philip</b> <b>5521 Flora Ave.</b> <b>Holiday, FL 34690</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wells, Stewart M.</b> <b>5253 Forest Hills Dr.</b> <b>Holiday, FL 34690</b>	<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 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: *Melvin Fishwick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Melvin Fishwick, Pres.** 727 942 1900

Date

Daytime Phone #

CR2E037 (10/00)