

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90094 007 \*\*\*\*70.00

**DOCUMENT # N32926**

1. Entity Name

**BEACON WOODS AMBULANCE FUND, INC.**

Principal Place of Business

Mailing Address

12440 CLOCKTOWER PARKWAY  
 BOYONET POINT FL 34667  
 US

12440 CLOCKTOWER PARKWAY  
 BOYONET POINT FL 34667-2410  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2964641**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**A0027944**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOWLES, THOMAS P.**  
**8700 LINCOLNSHIRE DRIVE**  
**BAYONET POINT FL 34667**

Name **ALBERT J. ROHNER**

Street Address (P.O. Box Number is Not Acceptable)  
**12311 LARINWOOD LANE**

City **BAYONET POINT,**

**FL**

Zip Code  
**34667**

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

*Albert J Rohner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-3-00**

**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 **D**  Delete  
 NAME **MARGERUM, JOHN B.**  
 STREET ADDRESS **12700 CHARTER OAK WAY**  
 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **D-VICE-PRESIDENT**  Change  Addition  
 NAME **DORIS LEBELL**  
 STREET ADDRESS **8502 VILLAGE MILL ROW**  
 CITY-ST-ZIP **BAYONET PT., FL 34667**

TITLE **DS**  Delete  
 NAME **WATSON, RAYMOND**  
 STREET ADDRESS **12813 CANDLEWOOD WAY**  
 CITY-ST-ZIP **BAYONET POINT FL**

TITLE **D-SECRETARY**  Change  Addition  
 NAME **RAYMOND F. PHILLIPS**  
 STREET ADDRESS **12108 LONGSTRAP LANE**  
 CITY-ST-ZIP **BAYONET PT., FL 34667**

TITLE **DR D - Treasurer**  Delete  
 NAME **ROHNER, ALBERT J.**  
 STREET ADDRESS **12311 LARINWOOD LANE**  
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DR D**  Delete  
 NAME **KNOWLES, THOMAS P.**  
 STREET ADDRESS **8700 LINCOLNSHIRE DRIVE**  
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DR D - President**  Delete  
 NAME **HESS, MILDRED**  
 STREET ADDRESS **12611 CASTLEBERRY CT**  
 CITY-ST-ZIP **BAYONET POINT FL 34667**

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)(f), 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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-00**

Date

**727-863-1267**

Daytime Phone #

CR2E037 (9/99)