

3/22

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-22-2001 90011 026 ****70.00

DOCUMENT # N32926

1. Entity Name

BEACON WOODS AMBULANCE FUND, INC.

Principal Place of Business

Mailing Address

12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667
US

12440 CLOCKTOWER PARKWAY
BAYONET POINT FL 34667
US

35197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2964641

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

ROHNER, ALBERT J
12311 LARINWOOD LANE
BAYONET POINT FL 34667

Name Thomas P. Knowles

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

7639 Greystone Drive

City BAYONET Pt.

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 Thomas P Knowles

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

(NOTE: Registered Agent signature required when reinstating)

4-6-01

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

| | | |
|----------------|-------------------------|--|
| TITLE | <u>DVP</u> | <input type="checkbox"/> Delete |
| NAME | LEBELL, DORIS | |
| STREET ADDRESS | 8502 VILLAGE MILL ROW | |
| CITY-ST-ZIP | BAYONET POINT FL 34667 | |
| TITLE | <u>DS</u> | <input checked="" type="checkbox"/> Delete |
| NAME | PHILLIPS, RAYMOND F | |
| STREET ADDRESS | 12108 LONGSTRAP LANE | |
| CITY-ST-ZIP | BAYONET POINT FL 34667 | |
| TITLE | <u>DPD - President</u> | <input type="checkbox"/> Delete |
| NAME | ROHNER, ALBERT J. | |
| STREET ADDRESS | 12311 LARINWOOD LANE | |
| CITY-ST-ZIP | BAYONET POINT FL 34667 | |
| TITLE | <u>D - Treasurer</u> | <input type="checkbox"/> Delete |
| NAME | KNOWLES, THOMAS P. | |
| STREET ADDRESS | 8700 LINCOLNSHIRE DRIVE | |
| CITY-ST-ZIP | BAYONET POINT FL 34667 | |
| TITLE | <u>DPD</u> | <input type="checkbox"/> Delete |
| NAME | HESS, MILDRED | |
| STREET ADDRESS | 12611 CASTLEBERRY CT | |
| CITY-ST-ZIP | BAYONET POINT FL 34667 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <u>Secretary</u> RAYMOND W. WATSON | |
| STREET ADDRESS | 12813 Candlewood Way | |
| CITY-ST-ZIP | BAYONET Pt. FL 34667 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <u>Thomas P Knowles</u> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (10/00)

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 REQUIRED Knowles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

Daytime Phone #