

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34273

1. Entity Name

OAK HILL VOLUNTEER FIRE DEPARTMENT ASSOCIATION.

Principal Place of Business

213 N US 1
OAK HILL FL 32759
US

Mailing Address

P.O. BOX 432
OAK HILL FL 32759
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90118 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3029994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JAMES
347 BEEHIVE DR
OAK HILL FL 32759

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DDD
BITTLE, GARY
291 LAGOON AVE
OAK HILL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BERARD, ALBERT
3007 JUNIPER DR
EDGEWATER FL 32141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROBERTS, JAMES
347 BEEHIVE DR
OAK HILL FL 32759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

JAMES ROBERTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-01

Date

904-345-5515
Daytime Phone #

CR2E037 (10/00)