

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001330

1. Entity Name

MID-FLORIDA LAKES VOLUNTEER FIRE DEPARTMENT ASSO

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90002 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

210 FOREST DRIVE  
LEESBURG FL 34788-2706

210 FOREST DRIVE  
LEESBURG FL 34788-2688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3327914

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

JONES, ROBERT M  
102 MILLWOOD RD  
LEESBURG FL 34788

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME P  
STREET ADDRESS JONES, ROBERT M  
CITY-ST-ZIP 102 MILLWOOD RD  
LEESBURG FL 34788-2706

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS RANDALL, EDGAR R  
CITY-ST-ZIP 168 CROSSWAYS DR  
LEESBURG FL 34788-2706

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MOHAN, DOROTHY  
CITY-ST-ZIP 167 HIGHLAND DRIVE  
LEESBURG FL 34788-2706

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MILLER, ALICE  
CITY-ST-ZIP 107 SOUTH LAKE DR  
LEESBURG FL 34788

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KETCH, ESTELLE  
CITY-ST-ZIP 128 WOODLAND DRIVE  
LEESBURG FL 34788

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MARSHALL, THOMAS  
CITY-ST-ZIP 121 LAKEVIEW DRIVE  
LEESBURG FL

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:

*Robert M. Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

Daytime Phone #

CR2E037 (9/99)