

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000003269**

1. Entity Name

**ASTATULA FIRE/RESCUE INC.**

Principal Place of Business

**25028 KIRKWOOD AVE.  
ASTATULA FL**

Mailing Address

**P.O. BOX 195  
ASTATULA FL 34705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3260546**

Applied For

☒ Not Applicable

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

**ELLRODT, JAMES D  
25019 COUNTY RD. 561  
ASTATULA FL 34705**

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

*James D. Ellrodt***3-1-01****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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<b>POWELL, WILLIAM</b>	<b>24649 COUNTY RD. 561</b>	<b>ASTATULA FL 34705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>V CORNELIUS J VRIESEMA</b>	<b>6609 HOPE TRAIL</b>	<b>LEESBURG FL 34748</b>
<input checked="" type="checkbox"/> Delete	<b>FRANK, ED</b>	<b>25847 COUNTRY RD. 561</b>	<b>ASTATULA FL 34705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STERRI L FRIESNER</b>	<b>1400 MARIVA AVE</b>	<b>LEESBURG, FL 34748</b>
<input type="checkbox"/> Delete	<b>HARRISON, WILLIAM</b>	<b>25045 JEFFERSON STREET</b>	<b>ASTATULA FL 34705</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>William Powell Jr</b>	<b>24649 CR 561</b>	<b>Astatula FL 34705</b>
<input checked="" type="checkbox"/> Delete	<b>JAMES, TILLIS</b>	<b>13404 S. CAROLINA AVENUE</b>	<b>ASTATULA FL 34705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Daniel A Barrett</b>	<b>23320 N.A. Merritt Rd.</b>	<b>Groveland, FL 34736</b>
<input checked="" type="checkbox"/> Delete	<b>HARRISON, JOYIA</b>	<b>P.O. BOX 2 - 25146 CR 561</b>	<b>ASTATULA FL 34705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>DAMELA A Barrett</b>	<b>23320 N.A. Merritt Rd</b>	<b>Groveland, FL 34736</b>
<input checked="" type="checkbox"/> Delete	<b>HARRISON, WILLIAM B</b>	<b>25045 JEFFERSON ST</b>	<b>ASTATULA FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b>	<b>Bales, Gary M</b>	<b>13401 Palm Dr.</b>

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 D. Ellrodt***352-343-2245****FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90786 001 \*\*\*\*35.00

05-22-2001 90786 002 \*\*\*\*70.00

**4399**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

**ARTICLES OF AMENDMENT**  
**to**  
**ARTICLES OF INCORPORATION**  
**of**

Astatula Fire/Rescue Inc.  
(present name)

*Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.*

**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

Change name to Article #1

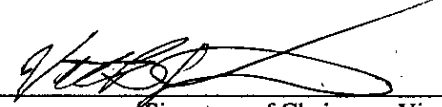
Central Lake County Volunteer Fire Association

**SECOND:** The date of adoption of the amendment(s) was: 1-01-01

**THIRD:** Adoption of Amendment (CHECK ONE)

☒ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

  
Signature of Chairman, Vice Chairman, President or other officer

Bill Harrison  
Typed or printed name

President Title 2-06-01 Date