

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004944

1. Entity Name

HILLSBOROUGH COUNTY VOLUNTEER FIRE SERVICES ASSO  
CIATION, INC.

Principal Place of Business

Mailing Address

2709 E HANNA AVE  
TAMPA FL 33610  
US

2709 E HANNA AVE  
TAMPA FL 33610  
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

59-3304622

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

MERTENS, ROBERT  
8208 ALAFIA RIDGE RD  
RIVERVIEW FL 33569

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 PD  
NAME MERTENS, ROBERT  
STREET ADDRESS 8208 ALAFIA RIDGE RD  
CITY-ST-ZIP RIVERVIEW FL 33569 ☒ Delete

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

TITLE SD  
NAME DAVIS, WILEY  
STREET ADDRESS 1529 TOUCHTON RD  
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

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

TITLE TD  
NAME GARRETT, FERRIS  
STREET ADDRESS 602 LIGHTFOOT ROAD  
CITY-ST-ZIP WIMAUMA FL 33598 ☐ Delete

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

TITLE SD  
NAME HAZZARD, JEFFREY  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SD  
NAME HAZZARD, JEFFREY  
STREET ADDRESS 4401 PAWNEE PATH  
CITY-ST-ZIP VALRICO, FL 33594 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VD  
NAME VANETTEN, ROBERT  
STREET ADDRESS 1706 KINGSWAY RD.  
CITY-ST-ZIP SEFFNER, FL 33510 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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]*

2/20/02 813.276.8354

CR2E037 (9/01)