

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005999

1. Entity Name

BELLVILLE VOLUNTEER FIRE/RESCUE, INC.

Principal Place of Business

1571 N.W. CO RD., #145  
JENNINGS FL 32053

Mailing Address

% DARLENE M. GIST  
2702 N.W. 22ND BLVD  
JENNINGS FL 32053

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

59-3459856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCORMICK, JOHN H  
403 SECOND ST NW  
JASPER FL 32052

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 PD  
NAME WILLIAMS, WOODROW  
STREET ADDRESS 3469 N.W. 26TH WAY  
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

TITLE TD  
NAME COFFEE, EARTHA  
STREET ADDRESS 2662 N.W. 6TH DRIVE  
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

TITLE SD  
NAME GIST, DARLENE M  
STREET ADDRESS 2702 NW 22ND BLVD  
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

TITLE VPD  
NAME ZANDERS, MCARTHUR  
STREET ADDRESS RT 2 BOX 192  
CITY-ST-ZIP JENNINGS FL 32053 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME ☐ 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 Required*

3-12-01 (912) 242-1212

CR2E037 (10/00)