

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004255

1. Entity Name

MID-FLORIDA RURAL EMS ADVISORY COUNCIL, INC.

Principal Place of Business

1 WEST MAIN STREET
AVON PARK FL 33825

Mailing Address

1 WEST MAIN STREET
AVON PARK FL 33825-3828

2. Principal Place of Business

950 CRITAW
Suite, Apt. #, etc.

3. Mailing Address

950 CRITAW
Suite, Apt. #, etc.

City & State

Avon Park FL

City & State

Avon Park FL

4. FEI Number

65-0903520

Applied For

Not Applicable

Zip

33825

Country

USA

Zip

33825

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

HANEY, R R
101 EAST KENNEDY BOULEVARD
SUITE 4100
TAMPA FL 33602

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	WEIGAND, RICHARD	
STREET ADDRESS	209 9TH AVENUE	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DISINGER, RUSS	
STREET ADDRESS	301 NW SECOND AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34072	
TITLE	D Secretary	<input type="checkbox"/> Delete
NAME	SCHOCK, LYNDA	
STREET ADDRESS	4500 GEORGE BOULEVARD	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	Co-Director	<input type="checkbox"/> Delete
NAME	Bengston, Randy	
STREET ADDRESS	La Belle, FL PO Box 1760	
CITY-ST-ZIP	TREASURER 33935	
TITLE	Wolcott, Diane	<input type="checkbox"/> Delete
NAME	950 CRITAW	
STREET ADDRESS	Avon Park, FL 33825	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90013 016 ****61.25