

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90099 045 \*\*\*\*61.25

**DOCUMENT # N98000005029**

1. Entity Name

**BEACON WOODS EAST AMBULANCE FUND, INC.**

Principal Place of Business

Mailing Address

**8421 CLAYTON BOULEVARD  
HUDSON FL 34667**

**8421 CLAYTON BOULEVARD  
HUDSON FL 34667-2791**

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

**59-3535944**

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

**PEYTON, DONALD R  
7317 LITTLE ROAD  
NEW PORT RICHEY FL 34654**

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** ☐ Delete  
NAME **LOWE, CHARLES C**  
STREET ADDRESS **8203 REYNOLDS DRIVE**  
CITY-ST-ZIP **HUDSON FL 34667-6960**

TITLE **PD** ☒ Change ☐ Addition  
NAME **LOWE, CHARLES C**  
STREET ADDRESS **8203 ROXBORO DRIVE**  
CITY-ST-ZIP **HUDSON FL 34667-6960**

TITLE **1VPD** ☐ Delete  
NAME **COWAN, RUTH**  
STREET ADDRESS **8306 REYNOLDS DRIVE**  
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **2VPD** ☐ Delete  
NAME **CYPHERT, GLADYS**  
STREET ADDRESS **13405 WOODWARD DRIVE**  
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **TD** ☐ Delete  
NAME **RAUCH, HARRY W**  
STREET ADDRESS **8202 REYNOLDS DRIVE**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **TD** ☒ Change ☐ Addition  
NAME **OLIVER, EDA**  
STREET ADDRESS **8623 BRAXTON DRIVE**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **SD** ☐ Delete  
NAME **BROWN, SANDRA**  
STREET ADDRESS **8555 BECKLEY DRIVE**  
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Charles C Lowe **CHARLES C LOWE**

**MARCH 2, 2000 (727) 862-6800**

**C0034056**



DO NOT WRITE IN THIS SPACE