2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019247

08-22-2000 90007 013 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 3:41

U0080317

1. Entity Name
BUENA VISTA FIRE PROTECTION, INC.

Principal Place of Business — Mailing Address
P.O. BOX 570241
ORLANDO, FL 32857

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5131 DOCKSIDE DR.	P.O. BOX 570241
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32822 Country: USA	Zip: 32857 Country: USA

4. FEI Number: 59-3423444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAM J. WILHELM
P.O. BOX 570241
ORLANDO, FL 32857
5131 DOCKSIDE DR
ORLANDO, FL 32822

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] WILLIAM J. WILHELM 2-24-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAM J. WILHELM	NAME	
STREET ADDRESS	5131 DOCKSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	CITY-ST-ZIP	
TITLE	V.P. & SECRETARY ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BRUCE A. KEELING	NAME	600003454776--4
STREET ADDRESS	7113 LAKNER WAY	STREET ADDRESS	-11/07/00--01032--024
CITY-ST-ZIP	ORLANDO, FLORIDA 32822	CITY-ST-ZIP	****408.75 ****408.75
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	11/6
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WILLIAM J. WILHELM 2-24-00 407-382-5172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #