

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90212 003 ****61.25

DOCUMENT # 708715

1. Entity Name

FLEET RESERVISTS OF SEMINOLE COUNTY, FLORIDA, IN

Principal Place of Business

Mailing Address

**3040 STATE ROAD 46 WEST
 SANFORD FL 32772-7461**

**3040 STATE ROAD 46 WEST
 SANFORD FLA 32771-9514**

U U U T T U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1095520

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HERRINGTON, ROBERT
 1401 PURITAN ST
 DELTONA FL 32725**

Name

FRANCIS C. MAHANKE

Street Address (P.O. Box Number is Not Acceptable)

1350 Quintuplet Drive

City

Casselberry

FL

Zip Code

32707-3513

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

Francis C. Mahanke

FRANCIS C. MAHANKE, PRESIDENT

1/13/2000

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	<input checked="" type="checkbox"/> Delete
NAME	HERRINGTON, ROBERT	
STREET ADDRESS	1401 PURITAN ST	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POUNDS, ROY	
STREET ADDRESS	105 CIRCLING WOOD CT.	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, THOMAS	
STREET ADDRESS	575 E ROBERTS ST	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DAN	
STREET ADDRESS	103 CIRCLING WOOD CT.	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS C. MAHANKE	
STREET ADDRESS	1350 Quintuplet Drive	
CITY-ST-ZIP	Casselberry, FL. 32707-3513	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH H. POUNDS	
STREET ADDRESS	105 Circling Wood Court	
CITY-ST-ZIP	Daytona Beach, Fl. 32124	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELIZABETH H. POUNDS	
STREET ADDRESS	105 Circling Wood Court	
CITY-ST-ZIP	Daytona Beach, Fl. 32124	
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		

CR2E037 (9/99)

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:

Francis C. Mahanke

Francis C. Mahanke 1/13/2000 407/696-6770

Date

Daytime Phone #