

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90053 007 ****61.25

0023962

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 FL 32772-7461

602145



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

MAHANKE, FRANCIS C
1350 QUINTUPLET DR
CASSELBERRY FL 32707

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

Francis C Mahanke

FRANCIS C. MAHANKE, PRESIDENT 1/11/2001

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 type="checkbox"/> Delete
NAME	MAHANKE, FRANCIS C	
STREET ADDRESS	1350 QUINTUOLET DR	
CITY-ST-ZIP	CASSELBERRY FL 32707-3515	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POUNDS, ROY	
STREET ADDRESS	105 CIRCLING WOOD CT.	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POUNDS, ELIZABETH H	
STREET ADDRESS	105 CIRCLING WOOD CT	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POUNDS, ELIZABETH	
STREET ADDRESS	105 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1350 Quintuplet Dr.	
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Art Davis	
STREET ADDRESS	225 Lake Markham Road	
CITY-ST-ZIP	Sanford, Fl. 32771-8925	
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:

Francis C Mahanke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mahanke,

Date **1/11/2001**

Daytime Phone # **407/696-6770**

CR2E037 (10/00)