

# 2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790278

1. Entity Name

SUMTER ELECTRIC COOPERATIVE, INC.

Principal Place of Business

P.O. BOX 301  
293 S. US HWY 301  
SUMTERVILLE FL 33585-0301  
US

Mailing Address

DUNCAN, JAMES P  
P.O. BOX 301  
SUMTERVILLE FL 33585  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0469125

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

DUNCAN, JAMES P.  
293 SOUTH US HWY 301  
SUMTERVILLE FL 33585

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
VICK, RAY F  
1210 S WATERVIEW DR  
INVERNESS FL 34450 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JERRY D. HATFIELD  
39901 SKYLINE DRIVE  
UMATILLA FL 32784 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, SR., FORREST R  
16451 FORREST LANE  
GROVELAND FL 34736 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LEON S. HAWKINS  
4281 SW 145TH PLACE  
OCALA, FL 34473 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HODGES, W.L.  
CR 433  
LAKE PANASOFFKEE FL 33538 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EARL MUFFETT  
4680 SE 166TH ST  
SUMMERFIELD FL 34491 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BOYATT, DILLARD B  
209 JASPER ST.  
BUSHNELL FL 33513 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SHEPPARD, WILSON G  
32215 SENESE RD.  
SORRENTO FL 32776 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GENTRY, ROBERT G  
3675 POMPANO RD  
DUNNELLON FL 34431 ☐ Delete

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

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: *Wilson G. Sheppard* WILSON G. SHEPPARD (352) PRESIDENT 1-22-01 793-3801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)