

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90046 024 \*\*\*\*61.25

**DOCUMENT # 722757**

1. Entity Name

**PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.**

Principal Place of Business

Mailing Address

**2499 HENDRY ISLES BLVD.  
RT. 2, BOX 1290  
CLEWISTON FL 33440  
US**

**2499 HENDRY ISLES BLVD.  
RT. 2, BOX 1290  
CLEWISTON FL 33440-9610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

4. FEI Number

**59-2369541**

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

**TIMMS, EDITH  
2499 HENDRY ISLES BLVD.  
RT 2, BOX 1290  
CLEWISTON FL 33440**

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 Edith Timms

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  
NAME TIMMS, EDITH  
STREET ADDRESS 4550 23RD ST  
CITY-ST-ZIP CLEWISTON FL ☐ Delete

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

TITLE VTD  
NAME ALBERT, SHARYN  
STREET ADDRESS 5065 4TH ST  
CITY-ST-ZIP CLEWISTON FL ☐ Delete

TITLE TD  
NAME ALBERT, SHARYN  
STREET ADDRESS 5065 4th STREET  
CITY-ST-ZIP CLEWISTON, FL ☒ Change ☐ Addition

TITLE SD  
NAME ELIASSEN, MARTHA J  
STREET ADDRESS 190 EAST TAMPA AVE  
CITY-ST-ZIP CLEWISTON FL ☐ Delete

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

TITLE D  
NAME CRUMB, SHIRLEY  
STREET ADDRESS FLAMINGO AVE  
CITY-ST-ZIP CLEWISTON FL ☐ Delete

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

TITLE D  
NAME TIMMS, RAYMOND  
STREET ADDRESS 4550 23RD ST  
CITY-ST-ZIP CLEWISTON FL ☐ Delete

TITLE VD  
NAME TIMMS, RAYMOND  
STREET ADDRESS 4550 23rd STREET  
CITY-ST-ZIP CLEWISTON, FL ☒ Change ☐ Addition

TITLE D ☒ Delete  
NAME GERMAIN, PAUL I  
STREET ADDRESS 190 EAST TAMPA AVE  
CITY-ST-ZIP CLEWISTON FL

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: Edith Timms PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00 (863) 983-9533

Date

Daytime Phone #

CR2E037 (9/99)