

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722757

CK1073

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91125 002 \*\*\*\*61.25

1. Entity Name  
**PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2369541

Applied For

Not Applicable

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Edith Timms* **Edith Timms Chief**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

863-983-9533

Daytime Phone #

CR2E037 (10/00)