

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90684 036 ****61.25

DOCUMENT # 722757

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.
CLEWISTON FL 33440**



☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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

CK 1114

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TIMMS, EDITH	
STREET ADDRESS	4550 23RD ST	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELIASSEN, MARTHA J	
STREET ADDRESS	190 EAST TAMPA AVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUMB, SHIRLEY	
STREET ADDRESS	FLAMINGO AVE	
CITY-ST-ZIP	CLEWISTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TIMMS, RAYMOND	
STREET ADDRESS	4550 23RD ST	
CITY-ST-ZIP	CLEWISTON FL	
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		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ollie Rodriguez	
STREET ADDRESS	4850 Pioneer 16th St	
CITY-ST-ZIP	Clewiston FL, 33440	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Seymour	
STREET ADDRESS	890 Arlequin Ave	
CITY-ST-ZIP	Clewiston, FL 33440	
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: *Edith Timms* **SIGNATURE REQUIRED (chief)**

3-10-03

863-983-9533

CR2E037 (10/02)