

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90047 006 ****61.25

DOCUMENT # 733271

1. Entity Name

FLEET RESERVE ASSOCIATION, GAINESVILLE BRANCH NO

Principal Place of Business

Mailing Address

BRANCH NO. 179, INC.
2001 N.E. 15TH STREET
GAINESVILLE FL 32609

BRANCH NO. 179, INC.
2001 N.E. 15TH STREET
GAINESVILLE FL 32609-3832



DO NOT WRITE IN THIS SPACE

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

59-1721000

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

MARSHALL, ROBERT P.
2001 N.E. 15TH STREET
GAINESVILLE, FL 32609

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:
FEES 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	VD	<input type="checkbox"/> Delete
NAME	BEMBRY, RAYMOND D	
STREET ADDRESS	PO BOX 34 N/A	
CITY-ST-ZIP	ALACHUA FL 32694	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, HENRY A	
STREET ADDRESS	PO BOX 152 N/A	
CITY-ST-ZIP	HAMPTON, FL 32044	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDWELL, RAY E	
STREET ADDRESS	STAR RT 1 BOX 732	
CITY-ST-ZIP	WALDO FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MARSHALL, ROBERT P	
STREET ADDRESS	2001 N.E. 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TILLMAN, FRANKIE J	
STREET ADDRESS	2016 NW 7TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEMBRY, RAYMOND D.	
STREET ADDRESS	P.O. Box 34 N/A	
CITY-ST-ZIP	ALACHUA, FL 32694	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HENRY A.	
STREET ADDRESS	P.O. Box 152 N/A	
CITY-ST-ZIP	HAMPTON, FL 32044	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, JAMES L	
STREET ADDRESS	1106 N.W. 43 AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
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:

Robert P. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2000

352-372-6372

Date

Daytime Phone #

CF12E037 (9/99)