

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733271

1. Entity Name

FLEET RESERVE ASSOCIATION, GAINESVILLE BRANCH NO

Principal Place of Business

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

Mailing Address

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	BEMBRY, RAYMOND D	
STREET ADDRESS	PO BOX 34 N/A	
CITY-ST-ZIP	ALACHUA FL 32694	
TITLE	VD	<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	PD	<input type="checkbox"/> Delete
NAME	DEVRIES, JAMES L	
STREET ADDRESS	1106 NW 43 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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 OF REGISTERED AGENT

JAN. 7, 2001 352-372-6372

Date

Daytime Phone #

0020688

CR2E037 (10/00)

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90042 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE