

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749709

1. Entity Name

SUWANNEE VALLEY BRANCH #220 FLEET RESERVE, INC.



**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90005 016 \*\*\*\*61.25

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

408 HAWKINS ST  
LIVE OAK FL 32060

Mailing Address

RT 10 BOX 337  
C/O TRACY GRAFF  
LAKE CITY FL 32055  
US

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

NOT APPLICABLE

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

CHILDRESS JR, ROBERT C  
1007 SUWANNEE AVE.  
LIVE OAK FL 32060

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

After September 13, 2000 min. will be \$236.25

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 GRAFF, TRACY U.  
STREET ADDRESS RT 10 BOX 337  
CITY-ST-ZIP LAKE CITY FL ☐ Delete

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

TITLE D  
NAME CHILDRESS, ROBERT C., JR  
STREET ADDRESS 1007 SUWANNEE AVE.  
CITY-ST-ZIP LIVE OAK FL ☐ Delete

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

TITLE ST  
NAME SLOAN, ROY  
STREET ADDRESS 915 EVERGREEN AVE.  
CITY-ST-ZIP LAKE CITY FL ☐ Delete

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

TITLE VD  
NAME NEWMAN, JAMES M.  
STREET ADDRESS RT. 1, BOX 678  
CITY-ST-ZIP MCALPIN FL ☐ Delete

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

TITLE D  
NAME WILLIAMS, SHELLY  
STREET ADDRESS RT. 7, BOX 630  
CITY-ST-ZIP LAKE CITY FL ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)