

2001* UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749709

1. Entity Name

SUWANNEE VALLEY BRANCH #220 FLEET RESERVE, INC.

Principal Place of Business

1007 SUWANNEE AVE
LIVE OAK FL 32060
US

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1007 SUWANNEE AVE

C/O Robert Childress

LIVE OAK FL

32060

US

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90050 039 ****61.25



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

SHELLEY J WILLIAMS JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUIRES: Shelley J Williams Jr 21 April 2001 904 3284612

CR2E037 (10/00)