

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 761211**

1. Entity Name

SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION INCORP**FILED****Jan 27, 2000 8:00 am**
Secretary of State

01-27-2000 90142 023 ****70.00

Principal Place of Business

Mailing Address

**C/O CARLTON DAVIS
U S 90 P O BOX 244
SANDERSON FL 32087****C/O CARLTON DAVIS
U S 90 P O BOX 244
SANDERSON FL 32087-0244**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2364659

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

**DAVIS (CARLTON)
U.S. 90, P.O. BOX 244
SANDERSON FL 32807**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	DAVIS, CARLTON	P O BOX 244 N/A	SANDERSON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HODGES, GARY	RT. 1 BOX 3100	GLEN ST. MARY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BAGLIN, ROBERT	P O BOX 112 N/A	SANDERSON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	DAVIS, RONALD C.	RT. 1 BOX 236	SANDERSON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	JACOBS, WILLIAM	RT. 1 BOX 3260	GLEN ST. MARY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Ronald C. Davis* **RONALD C. DAVIS**

1-24-00

904-275-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)