

2001 UNIFORM BUSINESS REPORT (UBR)

4/5

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-05-2001 90041 031 ****70.00

DOCUMENT # 761211

1. Entity Name

SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION INCORP

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

2. Principal Place of Business

3. Mailing Address

SANDERSON VOL. FIREMAN'S ASSOC.

SANDERSON VOL. FIREMAN'S ASSOC., INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14275 W US 90

14275 W US 90

City & State

City & State

SANDERSON FL

SANDERSON FL

Zip

Country

Zip

Country

32087

USA

32087

USA

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 32087

Name

CARLTON DAVIS

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

11422 N. CR 229

City

SANDERSON

FL

Zip Code

32087

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, CARLTON 11422 N. CR 229 SANDERSON, FL 32087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hodges, Gary 10166 SE CR 229 Glen St. Mary FL 32040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Baglin, Robert 13852 Columbia St. SANDERSON, FL 32087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, RONALD C. 13737 Cedar Creek Dr. SANDERSON, FL 32087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jacobs, William 1274 Thornton Road Glen St. Mary FL 32040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **4-3-01** **904-275-2663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)