## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # 761211** 1. Entity Name SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION INCORP 04-22-2002 90127 012 \*\*\*\*61.25 ORATED Principal Place of Business Mailing Address SANDERS VOL FIREMAN'S ASSOC. SANDERS VOL FIREMAN'S ASSOC 14275 W US 90 14275 W US 90 SANDERSON FL 32087 SANDERSON FL 32087 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2364659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent ~6..Name and Address of Current Registered Agent ARLTON Street Address (P.O. Box Number is Not Acceptable) DAVIS, CARLTON 11422 N CIRCLE 229 N. County SANDERSON FL 32807 087 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) $\mathcal{A}$ Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Addition ☐ Delete DAVIS, CARLTON DAVIS, CARLTON NAME NAME 11422 N. Cowdy Road 229 11422 N CIRCLE 229 STREET ADDRESS STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-7IP VD: Delete Change ☐ Addition TITI F TITI E HODGES, GARY NAME NAME STREET ADDRESS 1066 S. CR 229 STREET ADDRESS GLEN SAINT MARY FL 32040 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition BAGLIN, ROBERT NAME NAME STREET ADDRESS 13852 COLUMBIA ST STREET ADDRESS SANDERSON FL 32087 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIS, RONALD C. NAME NAME 13737 CEDAR CREEK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANDERSON FL 32087 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE JACOBS, WILLIAM NAME NAME STREET ADDRESS 1274 THORNTON RD STREET ADDRESS CITY-ST-ZIP GLEN SAINT MARY FL 32040 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: RESIDENCE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

4-13-02

904-275-2663

FILED

Daytime Phone #

E037 (9/01)