

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90021 039 ****61.25

DOCUMENT # 770653

1. Entity Name

SUWANEE RANCHETTES VOLUNTEER FIRE DEPARTMENT, IN C.

Principal Place of Business

Mailing Address

**ROUTE 5, BOX 717-A
 LAKE CITY FL 32024
 US**

**PO BOX 342
 BRANFORD FL 32008
 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

59-2879873

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

**SAMPSON, MARIANNE
 RT. 5, BOX 717
 LAKE CITY FL 32024**

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 **SD** ☐ Delete
 NAME **JACKSON, BILL**
 STREET ADDRESS **RT 2 BOX 795 NA**
 CITY-ST-ZIP **BRANFORD FL**

TITLE ☒ Change ☐ Addition
 NAME **Jackson, Bill**
 STREET ADDRESS **27441 37th Road**
 CITY-ST-ZIP **Brantford, FL 32008**

TITLE **PD** ☒ Delete
 NAME **KEEFER, DEBORAH**
 STREET ADDRESS **RT 5 BOX 798-A**
 CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Carl Johansen**
 STREET ADDRESS **4373 28th St.**
 CITY-ST-ZIP **Brantford, FL 32008**

TITLE **TD** ☐ Delete
 NAME **PEGGY, TERRY**
 STREET ADDRESS **22019 29TH RD**
 CITY-ST-ZIP **LAKE CITY FL 32024**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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:

Peggy Terry
REQUIRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

386-935-1427
 Daytime Phone #

CR2E037 (9/01)