

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34536

1. Entity Name

ROBERTSVILLE VOLUNTEER FIRE DEPARTMENT, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90099 020 \*\*\*\*70.00

Principal Place of Business

Mailing Address

ROBERTSVILLE V.F. DEPT.  
 RT. 5 BOX 135-C  
 QUINCY FL 32351  
 US

% ARDUSTER HOUSE  
 RT. 5. BOX 136-B  
 QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

HOUSE, ARDUSTER  
 RT. 5, BOX 136-B  
 QUINCY FL 32351

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 D ☐ Delete  
 NAME PENNICK, JOHNNIE  
 STREET ADDRESS RT 5 BOX 136-B  
 CITY-ST-ZIP QUINCY FL

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

TITLE D ☐ Delete  
 NAME ANDERSON, SARAH  
 STREET ADDRESS RT. 5, BOX 105  
 CITY-ST-ZIP QUINCY FL

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

TITLE D ☐ Delete  
 NAME BUSH, JAMES  
 STREET ADDRESS RT. 5, BOX 140C  
 CITY-ST-ZIP QUINCY FL

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

TITLE P ☐ Delete  
 NAME HOUSE, ARDUSTER  
 STREET ADDRESS RT. 5, BOX 136B  
 CITY-ST-ZIP QUINCY FL

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

TITLE V ☐ Delete  
 NAME MARSHAL, CHARLES  
 STREET ADDRESS RT 2 BOX 114-A  
 CITY-ST-ZIP QUINCY FL

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

TITLE S ☐ Delete  
 NAME PONDER, ELLA M.  
 STREET ADDRESS RT. 5, BOX 103-C  
 CITY-ST-ZIP QUINCY FL

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: *ELLA M. PONDER* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00 (850) 442-6327

Date

Daytime Phone #

CR2E037 (9/99)