

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005448

1. Entity Name

SUWANNEE COUNTY SHERIFFS MOUNTED POSSE INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90250 040 ****61.25

Principal Place of Business

4026 CR 249
LIVE OAK FL 32060

Mailing Address

4026 CR 249
LIVE OAK FL 32060-8249

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 **59-3479933**

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

WARNER, WILLIAM E
4026 CR 249
LIVE OAK FL 32060

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	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ELIZABETH	
STREET ADDRESS	16516 CR 136 W.	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, ELVETTA	
STREET ADDRESS	12996 64TH STREET	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WARNER, WILLIAM E	
STREET ADDRESS	4026 CR 249	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	SAA	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HUBERT A SGT-ARM	
STREET ADDRESS	16512 CR 136	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, JEFF E LI-OFFI	
STREET ADDRESS	5098 CR 795	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Govan Knight	
STREET ADDRESS	16069 165th Road	
CITY-ST-ZIP	LIVE OAK, FL. 32060	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	midge Allen	
STREET ADDRESS	7697 161st Rd	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William E. Warner Jr	
STREET ADDRESS	4026 CR 249	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	SOAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Bunch	
STREET ADDRESS	9214 101st Lane	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature of William E. Warner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 (904) 364-3774

CR2E037 (9/99)