

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001807

1. Entity Name

DAFMIC, INC.

Principal Place of Business

DIXIE COUNTY HIGH SCHOOL
P O BOX 2251
CROSS CITY FL 32628

Mailing Address

DIXIE COUNTY HIGH SCHOOL
P O BOX 2251
CROSS CITY FL 32628

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

59-3491392

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

BORCHELLER, SANDY
975 COTTRELL AVE
P O BOX 1936
CROSS CITY FL 32628

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

Sandy Borcheller

(NOTE: Registered Agent signature required when reinstating)

8/31/01
DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 P
NAME SMITH, WILLMONTEEN R
STREET ADDRESS P O BOX 838
CITY-ST-ZIP CROSS CITY FL 32628 ☐ Delete

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

TITLE VP
NAME ANKRUM, VERA
STREET ADDRESS P O BOX 2525
CITY-ST-ZIP CROSS CITY FL 32628 ☐ Delete

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

TITLE S
NAME KUHN, LINDA
STREET ADDRESS HC 4 BOX 173
CITY-ST-ZIP OLD TOWN FL 32680 ☒ Delete

TITLE Secretary
NAME Jackie Phelps
STREET ADDRESS P O BOX 3343
CITY-ST-ZIP Cross City FL 32628 ☐ Change ☒ Addition

TITLE T
NAME BORCHELLER, SANDY
STREET ADDRESS P O BOX 1936
CITY-ST-ZIP CROSS CITY FL 32628 ☐ Delete

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

TITLE SOT
NAME TALANON, DOLORES
STREET ADDRESS P. O. BOX 1865 CARTER ST
CITY-ST-ZIP CROSS CITY FL 32628 ☒ Delete

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

TITLE ST
NAME BREWER, LISA
STREET ADDRESS P.O. BOX 1403 LITTLE AL RD
CITY-ST-ZIP OLD TOWN FL 32680 ☒ Delete

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

Sandy Borcheller

8/31/01 357-188 5722

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90246 013 ****61.25

A0083588



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)