

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005727

1. Entity Name

ARCHER VOLUNTEER FIREFIGHTERS, INC.

Principal Place of Business Mailing Address

WEST CHURCH STREET
ARCHER FL 32618

P.O. BOX 84
ARCHER FL 32618-0084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, HARRIET B.
300 EAST PEACHTREE STREET
ARCHER FL 32618

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 PD
NAME MCCUMBER, HERCULES R
STREET ADDRESS 110 E PEACHTREE ST
CITY-ST-ZIP ARCHER FL 32618 ☐ Delete

TITLE PD
NAME Rodriguez, Brian
STREET ADDRESS 2307 SW 32nd PL #4
CITY-ST-ZIP GAINESVILLE, FL 32607 ☒ Change ☐ Addition

TITLE VD
NAME DIBLER, STEVEN A
STREET ADDRESS 8712 SW 138TH STREET
CITY-ST-ZIP ARCHER FL 32618 ☐ Delete

TITLE VD
NAME White, Joan
STREET ADDRESS 310 West Church St
CITY-ST-ZIP Archer FL 32618 ☒ Change ☐ Addition

TITLE STD
NAME KELLER, GORDON WAYNE I
STREET ADDRESS 15715 SW 103RD AVE
CITY-ST-ZIP ARCHER FL 32618 ☐ Delete

TITLE STD
NAME Spivey, Lisa
STREET ADDRESS 9004 SW 12th St
CITY-ST-ZIP Archer, FL 32618 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/00

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90099 042 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 593537289
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)