

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

05-17-2001 91290 001 ****61.25

DOCUMENT # N97000005727
1. Entity Name
Archer Volunteer Firefighters, Inc.

Principal Place of Business
429 West Hwy 24
Archer FL 32618
Mailing Address
PO Box 84
Archer FL 32618

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3527289
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Harriet B. Davis
300 East Peachtree St
Archer FL 32618

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
Change Addition
Pres PD Robert Pharrar 7700 SW 47th Lane Gainesville FL 32608
Vice Pres VO Roger List 5404 SW 83rd TERL Gainesville FL 32608
Change Addition
Change Addition
Change Addition
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: Lisa Spivey 4/21/01
NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #