

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90019 002 \*\*\*\*61.25

**DOCUMENT # N02223**

1. Entity Name

**RIVERVIEW-LAKE FOREST VOLUNTEER FIRE DEPARTMENT,**

Principal Place of Business

Mailing Address

**8835 WASHINGTON AVENUE  
 JACKSONVILLE FL 32208**

**8835 WASHINGTON AVENUE  
 JACKSONVILLE FL 32208-2662**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1156644**

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

**BLAIR, WILLIAM  
 1119 E. 12TH STREET  
 JACKSONVILLE FL 32208**

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

*William Blair*  
 Signature, typed or printed name of registered agent and title if applicable

*William Blair Jr.*  
 (NOTE: Registered Agent signature required when reinstating)

*3-6-00*  
 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BLAIR, WILLIAM</b>	
STREET ADDRESS	<b>1119 E. 12TH STREET</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, HARRY</b>	
STREET ADDRESS	<b>2527 BROWARD ROAD</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>CARROLL, J</b>	
STREET ADDRESS	<b>2021 CATHEDRAL LN</b>	
CITY-ST-ZIP	<b>YULEE FL 32097</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OLGES, T</b>	
STREET ADDRESS	<b>621 W 44TH ST, APT 84</b>	
CITY-ST-ZIP	<b>JAX FL 32208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYNETTE, BRAIN</b>	
STREET ADDRESS	<b>1036 GLENCARIN ST</b>	
CITY-ST-ZIP	<b>JAX FL 32208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAFAVOR, FRANCINE</b>	
STREET ADDRESS	<b>1011 ARDOON ST</b>	
CITY-ST-ZIP	<b>JAX FL 32208</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

*James Carroll*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Carroll*

Date

Daytime Phone #

*(904) 225-2831*

CR2E037 (9/99)