

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

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