

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90066 019 ****61.25

DOCUMENT # N02223

1. Entity Name

RIVERVIEWLAKE FOREST VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

8835 WASHINGTON AVENUE
 JACKSONVILLE FL 32208

Mailing Address

8835 WASHINGTON AVENUE
 JACKSONVILLE FL 32208

124331

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

59-1156644

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William Blair

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-31-02

After September 13, 2002, 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	<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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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 *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02 (904) 387-8877

Date

Daytime Phone #

CR2E037 (4/02)