

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747440

1. Entity Name

FIREFIGHTERS FRINGE BENEFITS OF JACKSONVILLE, IN

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90044 014 ****61.25

00016551



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1468 HENDRICKS AVENUE
JACKSONVILLE FL 32207

Mailing Address

1468 HENDRICKS AVENUE
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

MEIDES, MOSES
817 NORTH MAIN ST
JACKSONVILLE FL 32202

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 AYSCUE, DAN
STREET ADDRESS 7250 VELVET OAKS CT
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Delete

TITLE PD
NAME Royal, Wesley
STREET ADDRESS 1819 Hilltop Blvd.
CITY-ST-ZIP Jacksonville, FL 32216 ☒ Change ☐ Addition

TITLE STD
NAME CROFT, J. P., JR.
STREET ADDRESS 6851 MCMULLIN STREET
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE VD
NAME WESLEY, ROYAL
STREET ADDRESS 1819 HILLTOP BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ 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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 title empowered.

SIGNATURE: *James P. Croft, Jr.*
SIGNATURE REQUIRED

James P. Croft, Jr. 1-30-01 904-396-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)