

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90198 037 *****70.00

DOCUMENT # N48266

1. Entity Name

FLEET RESERVE ASSOCIATION, BRANCH #91, INC.



Principal Place of Business

**5391 COLLINS RD
JACKSONVILLE FL 32244**

Mailing Address

**5391 COLLINS RD
JACKSONVILLE FL 32244**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

**THIES, JAMES R.
PO BOX 815 - 2223 ASTER ST M-12
ORANGE PARK FL 32073**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **RICHTER, TODD A**
STREET ADDRESS **5391 COLLINS RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ Delete
NAME ~~**CANN, LAWRENCE**~~
STREET ADDRESS **5391 COLLINS RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
NAME ~~**WILLIAMS, DAVID S**~~
STREET ADDRESS **5391 COLLINS RD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **TD** ☐ Delete
NAME ~~**ANDREWS, FRANK M**~~
STREET ADDRESS ~~**6648 DOVER CREEK DR**~~
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **RICHTER, CHRISTOPHER J.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ROBBINS, JAMES E.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **KENNEDY, JAMES F.** ☒ Change ☐ Addition
NAME **5391 COLLINS RD**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 other like empowered.

SIGNATURE:

JAMES F. KENNEDY, TREAS.

26 JAN 03

904-771-6218

CR2E037 (10/02)