

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 704075

FILED  
Sep 13, 2002  
Secretary of State

**Entity Name:** CLAY COUNTY VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4003 EVERETT AVENUE  
MIDDLEBURG, FL 32068 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 550  
MIDDLEBURG, FL 320500550 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HEIMBACH, LEON P  
3465 SANDY OAK RD.  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HEIMBACH, LEON  
Address: P O BOX 1376  
City-St-Zip: MIDDLEBURG, FL 320501376

Title: VD ( ) Delete  
Name: WHARTON, LARRY  
Address: 4320 CHINCHILLA CT  
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD ( ) Delete  
Name: WALDEN, JERRY  
Address: 3328 RIVERBANK DR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD ( ) Delete  
Name: GIBSON, RHONDA  
Address: PO BOX 868  
City-St-Zip: MIDDLEBURG, FL 320500868

Title: D ( ) Delete  
Name: COLLOM, RAY  
Address: 475 LOS PALMAS DR  
City-St-Zip: ORANGE PARK, FL 29023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: JONES, DIANA  
Address: 7 ORCHID AVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD (X) Change ( ) Addition  
Name: MOORE, JAMES  
Address: 1095 CACTUS CUT RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOORE, JAMES

SD

09/13/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date