

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707121

1. Entity Name

OCEANWAY VOLUNTEER FIRE DEPARTMENT, INC.

P

Principal Place of Business

202 OCEANWAY AVENUE
JACKSONVILLE FLA 32218

Mailing Address

202 OCEANWAY AVENUE
JACKSONVILLE FLA 32218

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1009502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, ROBERT A.
601 RENNE DRIVE NORTH
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	POPE, HEATHER	
STREET ADDRESS	1705 JAKE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAWKINS, GEORGE	
STREET ADDRESS	2631 SETTLEMENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, RAYMOND	
STREET ADDRESS	231 RUSSELL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT A.	
STREET ADDRESS	601 RENNE DR N	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, RANDY	
STREET ADDRESS	11924 AARON RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVEN, SHAW	
STREET ADDRESS	447 ERIC AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32218	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 904-390-1199
Date Robert A. Young



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90092 028 ****61.25