

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707121

1. Entity Name

OCEANWAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

202 OCEANWAY AVENUE  
JACKSONVILLE FL 32218

Mailing Address

202 OCEANWAY AVENUE  
JACKSONVILLE FL 32218

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

59-1009502

Applied For

Not Applicable

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

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

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

ROBERT A. YOUNG

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/20/2001

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 S  
NAME POPE, HEATHER  
STREET ADDRESS 1705 JAKE RD  
CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ Delete

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

TITLE VPD  
NAME HAWKINS, GEORGE  
STREET ADDRESS 2631 SETTLEMENT DR  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE PD  
NAME SMITH, RAYMOND  
STREET ADDRESS 231 RUSSELL AVE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE TD  
NAME YOUNG, ROBERT A.  
STREET ADDRESS 601 RENNE DR N  
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

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

TITLE D  
NAME EVANS, RANDY  
STREET ADDRESS 11924 AARON RD  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE D  
NAME STEVEN, SHAW  
STREET ADDRESS 447 ERIC AVE.  
CITY-ST-ZIP JACKSONVILLE, FL 00000 32218 ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2001 904-390-1199  
Date Daytime Phone #

FILED  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90303 039 \*\*\*\*61.25

AU010006



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)