

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718217

1. Entity Name

COLEE COVE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

9105 C.R. 13 N.
ST. AUG. FL 32092
US

Mailing Address

5650 CR 210 W
JACKSONVILLE FL 32259
US

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 59-2346676

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, JEAN M.
5650 CR 210 W
JACKSONVILLE FL 32259

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

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

TITLE D ☐ Delete
NAME BATEMAN, PAUL
STREET ADDRESS 10572 CR 13 N
CITY-ST-ZIP ST. AUG. FL 32092

TITLE D ☐ Delete
NAME WADE, P
STREET ADDRESS 6461 JACK WRIGHT ISLAND RD
CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE S ☐ Delete
NAME NESMITH, DIANA
STREET ADDRESS 9217 TOUZRT AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T ☐ Delete
NAME CHAMBERS, JEAN M
STREET ADDRESS 5650 CR 210W
CITY-ST-ZIP JACKSONVILLE FL

TITLE CD ☐ Delete
NAME DAIGLE, CHARLIE
STREET ADDRESS 6815 CR 16A
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90159 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)