

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730488

1. Entity Name

FLORIDA MEMORIAL COLLEGE FIRE STATION #14, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90035 016 *****61.25

000721

Principal Place of Business

1225 WEST KING STREET
ST AUGUSTINE FL 32095
US

Mailing Address

LULA WISE
820 W. 3RD STREET
ST. AUGUSTINE FL 32095
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WISE, LULA
820 W. 3RD STREET
ST. AUGUSTINE FL 32095

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 ☐ Delete
NAME **D**
STREET ADDRESS **RACKARD, GEORGE R**
CITY-ST-ZIP **937 W. KING STREET
ST. AUGUSTINE FL FL 32095**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCDUGLE, CHERRY**
CITY-ST-ZIP **8 1/2 FORD STREET
ST. AUGUSTINE FL 32095**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WILLIAMS, JOHN D.**
CITY-ST-ZIP **800 S. ORANGE STREET
ST. AUGUSTINE FL 32095**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WOODS, FRANK**
CITY-ST-ZIP **63 OSCEOLA ST.
ST. AUGUSTINE FL**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **WISE, LULA**
CITY-ST-ZIP **820 W. THIRD ST.
ST. AUGUSTINE FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BACKMAN, INA**
CITY-ST-ZIP **833 W. 3RD ST.
ST. AUGUSTINE FL**

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

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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:

Lula M Wise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01 904-8247193

CR2E037 (10/00)