

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 730488**

1. Entity Name

**FLORIDA MEMORIAL COLLEGE FIRE STATION #14, INC.****FILED****May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90349 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1225 WEST KING STREET  
ST AUGUSTINE FL 32095  
US****LULA WISE  
820 W. 3RD STREET  
ST. AUGUSTINE FL 32095  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

*Lula M. Wise*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RACKARD, GEORGE R</b>	
STREET ADDRESS	<b>937 W. KING STREET</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL FL 32095</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUGGLE, CHERRY</b>	
STREET ADDRESS	<b>8 1/2 FORD STREET</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	

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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JOHN D.</b>	
STREET ADDRESS	<b>800 S. ORANGE STREET</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WOODS, FRANK</b>	
STREET ADDRESS	<b>63 OSCEOLA ST.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	

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

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WISE, LULA</b>	
STREET ADDRESS	<b>820 W. THIRD ST.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BACKMAN, INA</b>	
STREET ADDRESS	<b>833 W. 3RD ST.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	

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:

*Lula M. Wise*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)