

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738509

1. Entity Name

JACKSONVILLE VOLUNTEER FIREMENS ASSOCIATION, INC

Principal Place of Business

107 MARKET ST.
JACKSONVILLE FL 32202

Mailing Address

2219 BURPEE DR
JACKSONVILLE FL 32210-3728
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KNOLL, JOHN
107 MARKET ST.
JACKSONVILLE FL 32201

7. Name and Address of New Registered Agent

Name

John Knoll

Street Address (P.O. Box Number is Not Acceptable)

2219 Burpee Dr

City

Jacksonville

FL

Zip Code

32210

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

John Knoll John Knoll President

24 Jan 2000

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	T	<input type="checkbox"/> Delete
NAME	BUTCHER, ALICE C.	
STREET ADDRESS	3519 COLLEGE PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CLIFF	
STREET ADDRESS	4364 OAK BAY DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEE, CARL	
STREET ADDRESS	10272 MONACO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TOLLOCK, SHANNON	
STREET ADDRESS	455 OLIVES ST W	
CITY-ST-ZIP	BALWIN FL 32234	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALEN, GINGERY J	
STREET ADDRESS	14360 HOLLINGS ST	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNOLL, JOHN	
STREET ADDRESS	2219 BURPEE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

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	Mark Schreiber-Director	
STREET ADDRESS	3519 College Place	
CITY-ST-ZIP	Jacksonville, FL 32210	
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:

John Knoll President

President

24 Jan 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90133 041 ****70.00

CR2E037 (9/99)