

2002 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
US

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 59-1726116

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

KNOLL, JOHN
2219 BURPEE DR
JACKSONVILLE FL 32210

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME BUTCHER, ALICE C.
STREET ADDRESS 3519 COLLEGE PLACE
CITY-ST-ZIP JACKSONVILLE FL 32210
Note + Address Change
Same Person

TITLE NAME T Baker, Alice C.
STREET ADDRESS 14343 Hollings St
CITY-ST-ZIP Jacksonville, FL 32218
☒ Change ☐ Addition

TITLE NAME SCHREIBER, MARK
STREET ADDRESS 3519 COLLEGE PLAZA
CITY-ST-ZIP JACKSONVILLE FL 32205
☐ Delete

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

TITLE NAME LEE, CARL
STREET ADDRESS 10272 MONACO DR
CITY-ST-ZIP JACKSONVILLE FL 32218
☐ Delete

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

TITLE NAME GALEN, GINGERY J
STREET ADDRESS 14360 HOLLINGS ST
CITY-ST-ZIP JACKSONVILLE FL 32218
☐ Delete

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

TITLE NAME KNOLL, JOHN
STREET ADDRESS 2219 BURPEE DR
CITY-ST-ZIP JACKSONVILLE FL 32210
☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Nina Baker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

904-757-4656

Date

Daytime Phone #

CR2E037 (9/01)

0003710

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90112 031 ****70.00



DO NOT WRITE IN THIS SPACE