

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751565

1. Entity Name

ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

COUNTY ROAD 305
P. O. BOX 1729
BUNNELL FL 32110

Mailing Address

COUNTY ROAD 305
P. O. BOX 1729
BUNNELL FL 32110-1729

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 59-2611831

Applied For

Not Applied For

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

DOWNING, MARY F.
1655 S. CHAFFEE RD.
JACKSONVILLE FL 32221

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 P
NAME MOCK, DANETTE
STREET ADDRESS RT 1 BOX 124-0
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

TITLE D
NAME BROWN, MIKE
STREET ADDRESS 3696 MAHOGANY
CITY-ST-ZIP BUNNELL FL ☒ Delete

TITLE D
NAME SANTORE, RALPH
STREET ADDRESS CR 305
CITY-ST-ZIP BUNNELL, FL 00000 ☐ Delete

TITLE D
NAME SHINNICK, HAROLD
STREET ADDRESS 1 PINETREE LANE
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

TITLE I
NAME COPSY, MICKIE
STREET ADDRESS #7 BIMINI LANE
CITY-ST-ZIP BUNNELL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #