

**2002 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**

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 **59-2611831**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOCK, DANETTE</b>	
STREET ADDRESS	<b>RT 1 BOX 124-0</b>	
CITY-ST-ZIP	<b>BUNNELL FL 32110</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>SANTORE, RALPH</b>	
STREET ADDRESS	<b>CR 305</b>	
CITY-ST-ZIP	<b>BUNNELL, FL 00000</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>SHINNICK, HAROLD</b>	
STREET ADDRESS	<b>1 PINETREE LANE</b>	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	

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

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COPSY, MICKIE</b>	
STREET ADDRESS	<b>#7 BIMINI LANE</b>	
CITY-ST-ZIP	<b>BUNNELL FL</b>	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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: **MICKIE COPSY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/02 386-437-4096**

CR2E037 (9/01)