

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005294

1. Entity Name

JACKSONVILLE BEACH LIFEGUARD FOUNDATION, INC.

Principal Place of Business

3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

427 NORTH 3RD ST

3. Mailing Address

427 NORTH 3RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH

Zip

32250

Country

FL

Zip

FL

Country

FL

4. FEI Number

59-3731804

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R ESQ.
PATTERSON, BOND & LATSHAW
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name: WILLIAM G. HILLEGASS
Street Address (P.O. Box Number is Not Acceptable): 427 NORTH 3RD STREET
City: JACKSONVILLE BEACH FL Zip Code: 32250

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

William G. Hillegass

2-25-02

Signature, typed or printed name of registered agent and fee 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: DIRECTOR
NAME: RICHARD M. RILEY
STREET ADDRESS: 306 PLAZA
CITY-ST-ZIP: ATLANTIC BEACH, FL 32233

TITLE: DIRECTOR
NAME: WILLIAM G. HILLEGASS
STREET ADDRESS: 427 NORTH 3RD ST
CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250

TITLE: DIRECTOR
NAME: SEAN O'BRIEN
STREET ADDRESS: 1929 SEAGATE AVENUE
CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ 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:

William G. Hillegass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-02

Date

Daytime Phone #

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-06-2002 90113 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)