

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02223

1. Entity Name

RIVERVIEW-LAKE FOREST VOLUNTEER FIRE DEPARTMENT,

Principal Place of Business
8835 WASHINGTON AVENUE
JACKSONVILLE FL 32208

Mailing Address
8835 WASHINGTON AVENUE
JACKSONVILLE FL 32208

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 59-1156644

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, WILLIAM
1119 E. 12TH STREET
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

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 William Blair

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/01

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 BLAIR, WILLIAM
STREET ADDRESS 1119 E. 12TH STREET
CITY-ST-ZIP JAX FL ☐ Delete

TITLE VD
NAME PARKER, HARRY
STREET ADDRESS 2527 BROWARD ROAD
CITY-ST-ZIP JAX FL ☐ Delete

TITLE TS
NAME CARROLL, J
STREET ADDRESS 2021 CATHEDRAL LN
CITY-ST-ZIP YULEE FL 32097 ☐ Delete

TITLE D
NAME OLGES, T
STREET ADDRESS 621 W 44TH ST, APT 84
CITY-ST-ZIP JAX FL 32208 ☐ Delete

TITLE D
NAME LYNETTE, BRAIN
STREET ADDRESS 1036 GLENCARIN ST
CITY-ST-ZIP JAX FL 32208 ☐ Delete

TITLE D
NAME LAFAVOR, FRANCINE
STREET ADDRESS 1011 ARDOON ST
CITY-ST-ZIP JAX FL 32208 ☐ Delete

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

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

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

TITLE
NAME BLAIR, Lynette
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
(name only)

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:

Francine Laffavor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01
Date

(904) 768-4848
Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90336 024 ****61.25

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DO NOT WRITE IN THIS SPACE

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