2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State
08-26-2002 90066 019 ****61.25

124331

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02223

1. Entity Name

RIVERVIEW-LAKE FOREST VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
8835 WASHINGTON AVENUE JACKSONVILLE FL 32208	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	7. Name and Address of New Registered Agent
BLAIR, WILLIAM 1119 E. 12TH STREET JACKSONVILLE FL 32208	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Blair — 07-31-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BLAIR, WILLIAM	NAME	
STREET ADDRESS	1119 E. 12TH STREET	STREET ADDRESS	
CITY-ST-ZIP	JAX FL	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PARKER, HARRY	NAME	
STREET ADDRESS	2527 BROWARD ROAD	STREET ADDRESS	
CITY-ST-ZIP	JAX FL	CITY-ST-ZIP	
TITLE	TS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARROLL, J	NAME	
STREET ADDRESS	2021 CATHEDRAL LN	STREET ADDRESS	
CITY-ST-ZIP	YULEE FL 32097	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLGES, T	NAME	
STREET ADDRESS	621 W 44TH ST, APT 84	STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32208	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LYNETTE, BRAIN	NAME	
STREET ADDRESS	1036 GLENCARIN ST	STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32208	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAFAVOR, FRANCINE	NAME	
STREET ADDRESS	1011 ARDOON ST	STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32208	CITY-ST-ZIP	

CR2E037 (4/02)

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 REQUIRED — 7/31/02 — (904) 387-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #