

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90117 026 ***61.25

DOCUMENT # N02223

1. Entity Name

RIVERVIEW LAKE FOREST VOLUNTEER FIRE DEPARTMENT, INC.



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**

☐ CHECK HERE IF MAKING CHANGES

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

William Blair Jr.

(NOTE: Registered Agent signature required when reinstating)

9/16/2003
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

CR2E037 (10/02)

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: William Blair Jr. **SIGNATURE REQUIRED**

9/15/03 (904) 387-4477