

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10391

1. Entity Name

PONTE VEDRA VOLUNTEER FIRE DEPARTMENT INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90058 027 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O JOSH LEMASTER C/O JOSH LEMASTER  
P.O. BOX 220 P.O. BOX 220  
PONTE VEDRA BEACH FL 32004-0220 PONTE VEDRA BEACH FL 32004-0220

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 **59-2875274** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEMASTER, JOSH P.  
5004 BUTTONWOOD DR  
(PO BOX 220)  
PONTE VEDRA FL 32082

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 \_\_\_\_\_  
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

TITLE	TD	<input type="checkbox"/> Delete
NAME	LEMASTER, JOSH	
STREET ADDRESS	5004 BUTTONWOOD DR.	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KNIGHT, JAMES	
STREET ADDRESS	126 PALM VALLEY WOODS DR	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISNOSKY, GEORGE	
STREET ADDRESS	582 LAKE RD	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 904 614 6367  
Date Daytime Phone #

CR2E037 (9/99)