

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90294 038 \*\*\*\*\*70.00

**DOCUMENT # N94000000593**

1. Entity Name

**LAKESHORE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

**2219 BURPEE DRIVE  
JACKSONVILLE FL 32210**

Mailing Address

**2219 BURPEE DRIVE  
JACKSONVILLE FL 32210**

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 **59-1031205**

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

**KNOLL, JOHN A  
2219 BURPEE DR  
JACKSONVILLE FL 32210**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **KNOLL, JOHN A**  
STREET ADDRESS **2219 BURPEE DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **D** ☐ Delete  
NAME **BUTLER, J**  
STREET ADDRESS **SHIRLEY AVENUE 4421**  
CITY-ST-ZIP **JACKSONVILLE FL 22210**

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

TITLE **P** ☒ Delete  
NAME **SCHREIBEN, MARK**  
STREET ADDRESS **3519 COLLEGE PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **President** ☒ Change ☐ Addition  
NAME **Lance M. Thibault**  
STREET ADDRESS **8511 Ocala Ave**  
CITY-ST-ZIP **Jacksonville, FL 32220**

TITLE **D** ☐ Delete  
NAME **PISTRO, ROBERT**  
STREET ADDRESS **2313 BURPEE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **S** ☒ Delete  
NAME **BUTCHER, ALICE C**  
STREET ADDRESS **14343 HOLLINGS ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Baker, Alice C.**  
STREET ADDRESS **14343 Hollings St.**  
CITY-ST-ZIP **Jacksonville FL 32218**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

27 Jan 03

904-781-3891

CR2E037 (10/02)