

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90004 047 ****61.25

DOCUMENT # N95000005552

1. Entity Name

FIRE DISTRICT 5 VOLUNTEER ASSOCIATION, INC.

Principal Place of Business

1033 PRINCE RD
 ST. AUGUSTINE FL 32086
 US

Mailing Address

1033 PRINCE RD
 ST AUGUSTINE FL 32086-6529
 US

2. Principal Place of Business

346 JASMINE ROAD

Suite, Apt. #, etc.

3. Mailing Address

346 JASMINE ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE, FL

Zip
32086

Country
ST. JOHN'S

City & State
ST. AUGUSTINE, FL.

Zip
32086

Country
ST. JOHN'S

4. FEI Number **59-3351253**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEBBER, JOHN JERROLD
1033 PRINCE RD
ST. AUGUSTINE FL 32086

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 **D** ☒ Delete
 NAME **WEED, ROY S**
 STREET ADDRESS **137 PELICAN ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **VPD** ☐ Delete
 NAME **POMARICO, VINCENT M**
 STREET ADDRESS **805 WHITE EAGLE CIR**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **SD** ☐ Delete
 NAME **WEBBER, JOHN J**
 STREET ADDRESS **1033 PRINCE RD**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **TD** ☐ Delete
 NAME **O'KEEFE, AUGUSTINE**
 STREET ADDRESS **346 JASMINE ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **PD** ☐ Delete
 NAME **CONKEY, HERBERT E**
 STREET ADDRESS **1137 PRINCE ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **D** ☒ Delete
 NAME **JACKSON, THOMAS J**
 STREET ADDRESS **134 PELICAN RD**
 CITY-ST-ZIP **ST AUGUSTINE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **EDWARD J. LENIHAN**
 STREET ADDRESS **525 JEFFREY DRIVE**
 CITY-ST-ZIP **ST. AUGUSTINE, FL. 32086**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **EDITH O'KEEFE**
 STREET ADDRESS **346 JASMINE ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE, FL. 32086**

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: **HERBERT E. CONKEY** **2/11/2000** **797-2942**