

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005552**

1. Entity Name

FIRE DISTRICT 5 VOLUNTEER ASSOCIATION, INC.**FILED****Jan 18, 2001 8:00 am
Secretary of State**

01-18-2001 90003 015 ****61.25

C 37883

Principal Place of Business

**346 JASMINE ROAD
ST. AUGUSTINE FL 32086
US**

Mailing Address

**346 JASMINE ROAD
ST AUGUSTINE FL 32086
US****C0005168**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3351253

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | LENINAN, EDWARD | |
| STREET ADDRESS | 525 JEFFREY DRIVE | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 | |

| | | |
|----------------|--------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LENIHAN EDWARD | |
| STREET ADDRESS | 525 JEFFREY DRIVE | |
| CITY-ST-ZIP | ST. AUGUSTINE, FL. 32086 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POMARICO, VINCENT M | |
| STREET ADDRESS | 805 WHITE EAGLE CIR | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |

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

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEBBER, JOHN J | |
| STREET ADDRESS | 1033 PRINCE RD | |
| CITY-ST-ZIP | ST AUGUSTINE FL | |

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | O'KEEFE, AUGUSTINE | |
| STREET ADDRESS | 346 JASMINE ROAD | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 | |

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | CONKEY, HERBERT E | |
| STREET ADDRESS | 1137 PRINCE ROAD | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 | |

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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | O'KEE FE, EDITH | |
| STREET ADDRESS | 346 JASMINE ROAD | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32086 | |

| | | |
|----------------|--|---|
| 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: *Herbert E. Conkey* **Herbert E. Conkey** 1-8-2001 904-797-2942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)