

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005552

1. Entity Name

FIRE DISTRICT 5 VOLUNTEER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

346 JASMINE ROAD
ST. AUGUSTINE FL 32086
US

346 JASMINE ROAD
ST AUGUSTINE FL 32086
US

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

59-3351253

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

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 VPD
NAME LENINAN, EDWARD ☐ Delete
STREET ADDRESS 525 JEFFREY DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

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

TITLE D ☒ Delete
NAME POMARICO, VINCENT M
STREET ADDRESS 805 WHITE EAGLE CIR
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☒ Change ☐ Addition
NAME THOMAS JACKSON
STREET ADDRESS 134 Pelican Rd.
CITY-ST-ZIP St. Augustine, Fl. 32086

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

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

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

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

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

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

TITLE S ☐ Delete
NAME O'KEE FE, EDITH
STREET ADDRESS 346 JASMINE ROAD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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: *Herbert E. Conkey* Jan 14, 02 - 964-792-2942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)