

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90022 047 ****61.25

DOCUMENT # N95000005552

1. Entity Name
FIRE DISTRICT 5 VOLUNTEER ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**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



☐ CHECK HERE IF MAKING CHANGES

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. 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JACKSON, THOMAS
134 PELICAN RD
SAINT AUGUSTINE FL 32086** ☐ Delete

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LENIHAN, EDWARD
525 JEFFREY DRIVE
St. Augustine, Fl. 32086** ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
WRIGHT, CLIFF
3281 TURTLE CREEK RD.
St. Augustine, Fl. 32086** ☐ Change ☒ Addition

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

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:

Augustine O'Keefe
AUGUSTINE O'KEEFE, TREAS.

Date **1/6/03**

Daytime Phone # **904-794-1890**

CR2E037 (10/02)