

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003288

1. Entity Name

JACKSONVILLE FIRE MUSEUM SOCIETY, INC.

Principal Place of Business

515 JULIA STREET  
JACKSONVILLE FL 32202

Mailing Address

515 JULIA STREET  
JACKSONVILLE FL 32202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3389665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEAVY, JOHN M.  
515 JULIA STREET  
JACKSONVILLE FL 32202

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

After September 13, 2002,  
min. will be \$236.25.

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 PEAVY, JOHN M  
STREET ADDRESS 107 MARKET STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ Delete  
NAME DOOLITTLE, WAYNE L  
STREET ADDRESS 13941 HUNTERWOOD ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Delete  
NAME PAPPAS, TED  
STREET ADDRESS 100 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ Delete  
NAME GREENE, HARRY N SR  
STREET ADDRESS 6744 FLOPSY LN  
CITY-ST-ZIP JAX FL 32210

TITLE D ☐ Delete  
NAME HYMAN, FLO  
STREET ADDRESS 220 TALLYFAND AVE  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition  
NAME JOHN M. PEAVY  
STREET ADDRESS 1755 CEDAR BAY ROAD  
CITY-ST-ZIP JACKSONVILLE, FL. 32218

TITLE ☐ 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 ☐ Change ☐ Addition  
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*

7/5/02 1-904-630-0618

FILED  
Jul 09, 2002 8:00 am  
Secretary of State

07-09-2002 90375 036 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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