

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90074 033 \*\*\*\*61.25

**DOCUMENT # N97000000242**

1. Entity Name

**WESCONNETT VOLUNTEER FIREFIGHTERS ASSOCIATION IN**

Principal Place of Business

5423 MANOR DR  
 JACKSONVILLE FL 32244

Mailing Address

5423 MANOR DR  
 JACKSONVILLE FL 32210-7872

2. Principal Place of Business

3. Mailing Address

*P.O. Box 7028*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*JACKSONVILLE FL*

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32238*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAMBERT, NORMAND**  
**5963 SONORA DR W**  
**JACKSONVILLE FL 32244**

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

*NORMAND A. LAMBERT* *Normand Lambert* *1-14-2000*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	DP	<input type="checkbox"/> Delete
NAME	LAMBERT, NORMAND A	
STREET ADDRESS	5963 SONORA DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BEATY, DENNIS	
STREET ADDRESS	5515 118TH ST LOT 106	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN, DANIEL	
STREET ADDRESS	5972 BLACKTHORN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TITTLE, SCOTT	
STREET ADDRESS	5145 TIMAWATHA AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATY DENNIS	
STREET ADDRESS	6517 ALINE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANKHURST JAMES	
STREET ADDRESS	8433 PINE VERDE LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
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: *Normand Lambert* **NORMAND A. LAMBERT** *1-14-00* **904-221-5218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)