## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 06, 2001 8:00 am Secretary of State DOCUMENT # 716469 1. Entity Name FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, 02-06-2001 90226 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 10 PARACHUTE KEY #51 10 PARACHUTE KEY #51 HOMESTEAD FL 33034 HOMESTEAD FL 33034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0916076 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SINGLETARY, CAULION C/O FLORIDA NATIONAL PARKS & MON ASSN 10 PARACHUTE KEY #51 Zip Code HOMESTEAD FL 33034 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. /-3/-0/ SIGNATURE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change NAME SPINELLI, FRANK DDS NAME Ivy, Curtis K. Jr. 190 NW 20th Street Homestead, FL 33030 STREET ADDRESS 83 NW 8TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33030** Delilera Polent Da TITLE ☐ Delete TITLE X Addition Change Kelly: Roberty L.:Dr.: NAME JACOBSEN, MARLOW NAME STREET ADDRESS Univer. of Miami Math Dept. Box 249085 144 NORTH KROME AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33030 Coral Gables, FL 33124 TITLE X Delete TITLE \_\_\_\_Change\_ . ☐ Addition \_ NAME DEMILLY, J.W. (TAD) NAME Parks, Jeanne STREET ADDRESS STREET ADDRESS 2540 FAIRWAYS DR Koreshan State Historic Site PO Box 7 CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33035 Estero, FL 33928 TITLE TITI F ☑ Delete ☐ Change ☐ Addition NAME BERRY, ROGER NAME Simmons, Keith F. STREET ADDRESS STREET ADDRESS 1470 SEMINOLE ROAD 13300 SW 105th Avenue CITY-ST-ZIP CITY-ST-ZIP BABSON PARK FL 33827 Miani, FL 33176 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME HUBBELL, DR. GORDON NAME Sprunt, Alexander IV STREET ADDRESS STREET ADDRESS 150 BUTTONWOOD DR 102 Mohawk Street, Tavenier, FL 33070 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** TITLE ☐ Delete TITLE ☐ Addition Warring, Fred NAME **BROWN, JOE** NAME 10423 SW 115th Place STREET ADDRESS 4451 BUCKINGHAM CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33176 **DECATUR GA 30035** 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 piper like empowered.

Daytime Phone #