

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90396 035 \*\*\*\*61.25

**DOCUMENT # 716469**



1. Entity Name  
**FLORIDA NATIONAL PARKS & MONUMENTS ASSOCIATION, INC.**

Principal Place of Business  
**10 PARACHUTE KEY #51  
HOMESTEAD FL 33034  
US**

Mailing Address  
**10 PARACHUTE KEY #51  
HOMESTEAD FL 33034  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0916076**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SINGLETARY, CAULION  
C/O FLORIDA NATIONAL PARKS & MON ASSN  
10 PARACHUTE KEY #51  
HOMESTEAD FL 33034**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	SPINELLI, FRANK DDS	
STREET ADDRESS	83 NW 8TH ST	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSEN, MARLOW	
STREET ADDRESS	144 NORTH KROME AVENUE	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	IVY, CURTIS R J	
STREET ADDRESS	190 NW 29TH STREET	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, KEITH F	
STREET ADDRESS	13300 SW 105TH AVENUE	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBBELL, DR. GORDON	
STREET ADDRESS	150 BUTTWOOD DR	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOE	
STREET ADDRESS	4451 BUCKINGHAM CIRCLE	
CITY - ST - ZIP	DECATUR GA 30035	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Singletary, Caulion*

2-6-03

CR2E037 (10/02)