

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90017 031 ****61.25

DOCUMENT # 763321

1. Entity Name

THE FLORIDA RECREATION AND PARK ASSOCIATION, INC

Principal Place of Business

Mailing Address

**411 OFFICE PLAZA DR
TALLAHASSEE FL 32301**

**411 OFFICE PLAZA DR
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7413123

Applied For

Not Applicable

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

**ELEANOR WARMACK
411 OFFICE PLAZA DR.
TALLAHASSEE FL 32301**

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **ABEL, JOE**
STREET ADDRESS **405 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **MILLER, STEVE**
STREET ADDRESS **100 MYRTLE AVE**
CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SHEFFIELD, BOB**
STREET ADDRESS **210 CYPRESS GARDENS BLVD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☒ Addition
NAME **Terri Owen**
STREET ADDRESS **11 N Forest Avenue**
CITY-ST-ZIP **Apopka FL 32703**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **PALUS, KAREN**
CITY-ST-ZIP **4815 SILVER OAK BLVD**
MELBOURNE FL 32935

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

TITLE ☒ Delete
NAME **ABDO, MARK**
STREET ADDRESS **1501 BELCHER RD STE 225**
CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **T. Michael Stavres**
CITY-ST-ZIP **210 Cypress Gardens Blvd.**
Winter Haven FL 33880

TITLE ☐ Delete
NAME **ELEANOR WARMACK**
STREET ADDRESS **411 OFFICE PLAZA DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32301-2756**

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:

Eleanor J. Warmack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor J. Warmack 1/14/02 850-878-3221

Date

Daytime Phone #

CR2E037 (9/01)