

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90503 023 ****61.25

DOCUMENT # 763321

1. Entity Name

THE FLORIDA RECREATION AND PARK ASSOCIATION, INC



Principal Place of Business

**411 OFFICE PLAZA DR
TALLAHASSEE FL 32301**

Mailing Address

**411 OFFICE PLAZA DR
TALLAHASSEE FL 32301**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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

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

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

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

TITLE **T** ☐ Delete
NAME **OWEN, TERRI**
STREET ADDRESS **11 N FOREST AVENUE**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **VP** ☐ Delete
NAME **STAVRES, T MICHAEL**
STREET ADDRESS **210 CYPRESS GARDENS BLVD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 Warmack

1/15/03 850-878-3221

CR2E037 (10/02)