

2002 UNIFORM BUSINESS REPORT (UBR)

0000487

DOCUMENT # N00000005405

1. Entity Name
FRIENDS, OF OUR NATIONS HEROES, INC.

FILED

02 JUL -8 AM 11:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
303 LITTLERIDGE CT. **303 LITTLERIDGE CT.**
ORANGE PARK FL 32065 **ORANGE PARK FL 32065**
1365 Fairway Village Dr.
ORANGE PARK, FL 32003

2. Principal Place of Business 3. Mailing Address
1365 Fairway Village Dr. *1365 Fairway Village Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Orange Park *Orange Park*
 City & State City & State
Florida *Florida*

05/17/02 01042 012 \$70.00

Zip Country Zip Country
32003 **USA** **32003** **USA**

4. FEI Number **31-1760071** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEW, SHELBY J
303 LITTLERIDGE CT
ORANGE PARK FL 32065
1365 Fairway Village Dr.
Orange Park, FL 32003

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 *Shelby J. Dew* DATE *July 9-02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	FC DEW, SHELBY J 303 LITTLERIDGE CT. ORANGE PARK FL 32065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF LOVELESS, MARY Gary 4845 WESCH BLVD. JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AO MCELFRESH, TOM 2155 JOSEPH HEWES ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEW, ROBERT 5564 RIBBON ROSE DR. JACKSONVILLE FL 32258 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEW, RANDALL 2349 GLENFINNAN DR. ORANGE PARK FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEW, SUZANNE 2349 GLENFINNAN DR. ORANGE PARK FL 32073 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shelby J. Dew*

July 9-02 904-215-1961

CR2E037 (4/02)