

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90344 010 ****61.25

DOCUMENT # N00000007751

1. Entity Name
FRIENDS OF RESTORATION AND ENHANCEMENT OF VALPAR

Principal Place of Business 36468 EMERALD COAST PARKWAY SUITE 2201 DESTIN FL 32541	Mailing Address 36468 EMERALD COAST PARKWAY SUITE 2201 DESTIN FL 32541
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business CITY OF VALPARAISO	3. Mailing Address CITY OF VALPARAISO
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Suite, Apt. #, etc. 465 VALPARAISO PKWY	Suite, Apt. #, etc. 465 VALPARAISO PKWY
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City & State VALPARAISO FL	City & State VALPARAISO FL
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4. FEI Number 593657218	Applied For <input type="checkbox"/> Not Applicable
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Zip 32580	Country	Zip 32580	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HALL, STEVEN K
 36468 EMERALD COAST PARKWAY
 SUITE 2201
 DESTIN FL 32541**

7. Name and Address of New Registered Agent
 Name **CAMERON, JOHN D.**
 Street Address (P.O. Box Number is Not Acceptable)
267 S. BAYSHORE DRIVE
VALPARAISO FL
 City **FL** Zip Code **32580-1551**

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

28 FEB 01

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 NAME PD LIGHTFOOT, STEVE A	<input type="checkbox"/> Delete
STREET ADDRESS 20 BAYSHORE POINT	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME STD CAMERON, JOHN D	<input type="checkbox"/> Delete
STREET ADDRESS 267 BAYSHORE DRIVE	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME D MCCRACKEN, JAMES E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1127 N. BAYSHORE DR.	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME D HERNANDEZ, LYDIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15 BAYSHORE POINT	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME D PARDUE, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 257 FERN DELL AVENUE	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME D SHEPPARD, GEORGE JR.	<input type="checkbox"/> Delete
STREET ADDRESS 404 DAVENPORT AVE.	
CITY-ST-ZIP VALPARAISO FL 32580	

TITLE NAME D WILSON, BRANDON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1267 BAYSHORE DRIVE	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME D WILSON, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 266 MISSISSIPPI AVE	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME D HOLTZ, JANE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1271 BAYSHORE DRIVE	
CITY-ST-ZIP VALPARAISO FL 32580	
TITLE NAME D SHEPPARD, GEORGE JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 404 DAVENPORT AVE.	
CITY-ST-ZIP VALPARAISO FL 32580	

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:

28 FEB 01 250-678-6266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

11638

CR2E037 (10/00)