

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90941 047 \*\*\*\*61.25

**DOCUMENT # N00000007751**

1. Entity Name

**FRIENDS OF RESTORATION AND ENHANCEMENT OF VALPARAISO'S ENVIRONMENTAL RESOURCES, INC.**

Principal Place of Business

Mailing Address

CITY OF VALPARAISO  
 465 VALPARAISO PKWY  
 VALPARAISO FL 32580

CITY OF VALPARAISO  
 465 VALPARAISO PKWY  
 VALPARAISO FL 32580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

465 VALPARAISO PKWY

465 VALPARAISO PKWY

City & State

City & State

VALPARAISO

4. FEI Number

59-3657218

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

CAMERON, JOHN D  
 267 S BAYSHORE DRIVE  
 VALPARAISO FL 32580

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

12 JUN 02

**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	PD	<input type="checkbox"/> Delete
NAME	LIGHTFOOT, STEVE A	
STREET ADDRESS	20 BAYSHORE POINT	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CAMERON, JOHN D	
STREET ADDRESS	267 BAYSHORE DRIVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, BRANDON	
STREET ADDRESS	1267 BAYSHORE DRIVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	268 MISSISSIPPI AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTZ, JANE	
STREET ADDRESS	1271 BAYSHORE DRIVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPPARD, GEORGE JR.	
STREET ADDRESS	404 DAVENPORT AVE.	
CITY-ST-ZIP	VALPARAISO FL 32580	

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

SIGNATURE REQUIRED: CAMERON

12 JUN 02

850-584-1853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)