

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16667

i. Entity Name

1000 FRIENDS OF FLORIDA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90173 014 ****61.25

00004737



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		4. FEI Number		Applied For	
E PARK AVENUE TALLAHASSEE FL 32301		P.O. BOX 5948 TALLAHASSEE FL 32314-5948 US		59-2761163		Not Applicable	
Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTISON, CHARLES G
926 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

e. 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 NAME STREET ADDRESS CITY-ST-ZIP	ED PATTISON, CHARLES G 926 E PARK AVENUE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGROVE, JOHN M. FAU/FIU, 220 SE 2ND AVE FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 777 GLADES ROAD, SOCIAL SCIENCE BLDG. ROOM 386, BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUMPE, MARY A. 1564 BAY POINT DR.. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 101 SOUTH GULFSTREAM AVE., UNIT 15B SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APTHORP, JIM 10008 N DALE MABRY HWY, STE D-117 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME POST OFFICE BOX 21026 TAMPA, FL 33622-1026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REED, NATHANIEL PRYOR 6 RIVERVIEW ROAD HOBE SOUND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 11844 SE DIXIE HIGHWAY, #C HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOKOLOW, JERRY 3225 AVIATION AVE, STE 304 MIAMI FL <input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1.12.00 850-222-4547

CR2E037 (9/99)