

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29957

1. Entity Name

FRIENDS OF O'LENO, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 12:37

Principal Place of Business

Mailing Address

O'LENO STATE PARK  
RT 2 BOX 1010  
HIGH SPRINGS FL 32643  
US

P.O. BOX 2879  
HIGH SPRINGS FL 32655-2879

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

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

~~KENDRICK, DALE  
RT. 2 BOX 1010  
HIGH SPRINGS FL 32643~~

Name  
Harriet A. Walsh  
Street Address (P.O. Box Number is Not Acceptable)  
Rt. 2 Box 1010

City  
High Springs

FL | Zip Code  
32643

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

*Harriet A. Walsh*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-21-00

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

| 10. OFFICERS AND DIRECTORS |                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | SD<br>SOISTMAN, NAN      | <input type="checkbox"/> Delete                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 11301 NW 120 TERRACE     |   |   |
| STREET ADDRESS             | ALACHUA FL 32615         |   |   |
| CITY-ST-ZIP                |                          |   |   |
| TITLE                      | PD<br>ROTHFELDT, JAMES P | <input type="checkbox"/> Delete                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 7730 NE 40 ST            |   |   |
| STREET ADDRESS             | HIGH SPRINGS FL 32643    |   |   |
| CITY-ST-ZIP                |                          |   |   |
| TITLE                      | VD<br>LINDERMAN, DOYLE   | <input type="checkbox"/> Delete                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | P.O. BOX 1058 N/A        |   |   |
| STREET ADDRESS             | ALACHUA FL 32615         |   |   |
| CITY-ST-ZIP                |                          |   |   |
| TITLE                      | TD<br>WALSH, HARRIET A   | <input type="checkbox"/> Delete                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 7730 NE 40 ST.           |   |   |
| STREET ADDRESS             | HIGH SPRINGS FL 32643    |   |   |
| CITY-ST-ZIP                |                          |   |   |
| TITLE                      | VD<br>PIPER, DONALD      | <input type="checkbox"/> Delete                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2197 DENTON DR.          |   |   |
| STREET ADDRESS             | YULEE FL 32097           |   |   |
| CITY-ST-ZIP                |                          |   |   |
| TITLE                      |                          | <input type="checkbox"/> Delete                       | 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:

*James P. Rothfeldt* 1-5-00 (904) 454-4886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #