## 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # N22566  1. Entity Name  SUPPORTERS OF DEL-NOR WIGGINS PARK, INC. |  |   |                          |  |                              | SECRETA<br>DIVISION OF  | RY OF                           | STATE                              | IS                              |  |
|---|--|---|--------------------------|--|------------------------------|-------------------------|---------------------------------|------------------------------------|---------------------------------|--|
|   |  |   |                          |  |                              | DIVISION OF             | - Gransi                        | . A. EN                            |                                 |  |
| -   |  | _   | _                        |  |                              | OO FEB                  | -7 PF                           | 1 2: 20                            |                                 |  |
| Principal Plac  | ce of Business   | Mailing Address   |                          |  |                              |                         |                                 |                                    |                                 |  |
| DELNOR-WIGGINS PASS SRA<br>111000 GULF SHORE DRIVE NORTH<br>NAPLES FL 33963 |  | DELNOR-WIGGINS PASS SRA<br>111000 GULF SHORE DRIVE NORTH<br>NAPLES FL 33963 |                          |  | 1 H <b>1</b> 120 <b>0</b> 11 | )                       | P1() 41 <b>1</b> 11 <b>2</b> (1 | IPI <b>BIN</b> II <b>N</b> INI AFI | 111 <b>3</b> 10(1 1 <b>30</b> 1 |  |
| , 2. Principal F  | Place of Business  | 3. Mailing Address  |                          |  |                              |                         |                                 |                                    |                                 |  |
| * Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                          |  |                              | DO NOT WRIT             | E IN THIS                       | SPACE                              |                                 |  |
| City & State  |  | City & State  |                          |  | 4. FEI Numbe                 | 65-0013222              |                                 |                                    | oplied For                      |  |
| Zip   | Country  | Zip   | Country                  |  | 5. Certificate               | of Status Desired       |                                 | \$8.75 Add                         | ditional                        |  |
|   | 6. Name and Address of Current   | Registered Agent  |                          | ļ  | 7. Name and                  | Address of New R        | egistered .                     | Agent                              |                                 |  |
| سال سنجاف الهابية ووراست الدالة لياليان والمالي لم المعطوم إليارا المستعيد  |  |   |                          | Name -   |                              |                         |                                 |                                    |                                 |  |
| MIKTUK, ROSEMARY  |  |   |                          | Street Address (P.O. Box Number is Not Acceptable) |                              |                         |                                 |                                    |                                 |  |
| 4680 FIJI   | LANE   |   |                          |  |                              |                         |                                 |                                    | -                               |  |
| BONITA S  | PRINGS FL 34134  |   | City                     |  |                              |                         | FL                              | Zip Cod                            | e                               |  |
| <b>:8.</b> The above  | e named entity submits this statement for  | or the purpose of changing its re   | gistered office or       | r registered                                       | d agent, or both             | n, in the state of Flor | rida,                           |                                    |                                 |  |
| ¥   |  |   |                          |  |                              |                         |                                 |                                    |                                 |  |
| SIGNATURE   | and the second of the second o | •   |                          |  |                              |                         |                                 |                                    |                                 |  |
| OIGHTAIGHE  | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: f   | Registered Agent signati | ture required wi                                   | hen reinstating)             |                         | DATE                            |                                    |                                 |  |
|   | THE MANA   | O Floriton Committee I  |                          | AF 00  | _                            | Make                    | Chask                           | Payable to                         |                                 |  |
|   | FILE NOW: 9. Election Campaign Fina Trust Fund Contribution.   |   |                          | Added t  | May Be<br>to Fees            |                         |                                 | rayable it<br>t of State           | ,                               |  |
| •   | <u> </u>   |   | T 44                     |  | DITIONO (OLI                 | NOTO TO OFFICE          | 50 AND DI                       | DECTORS A                          | L 10                            |  |
| 10.   | OFFICERS AND DI  | RECTORS Delete  | 11.                      | AL   | DDITIONS/CHA                 | NGES TO OFFICE          |                                 | Change                             | 1.10                            |  |
| TITLE "<br>NAME "   | MIKTUK, ROSEMARY   | L Delete  | NAME                     |  |                              |                         |                                 | ☐ ¢ndngs                           | _                               |  |
| STREET ADDRESS  | 4680 FIJI LANE   |   | STREET ADDRESS           |  |                              |                         |                                 |                                    |                                 |  |
| CITY-ST-ZIP   | BONITA SPRINGS FL 34134  |   | CITY-ST-ZIP              | ļ  |                              |                         |                                 |                                    |                                 |  |
| TITLE   | DV   | 🛣 Delete  | TITLE                    | D.V.   |                              | PRAPA                   |                                 | ☐ Change                           |                                 |  |
| NAME  | SMITH, BARBARA   |   | NAME<br>STREET ADDRESS   | GR   | BLUERIL                      | RBARA<br>L # 100/       | N.                              |                                    |                                 |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 810 97 AVE N<br>NAPLES FL 34108  |   | CITY-ST-ZIP              | MAR  | LES, F4                      | 34108                   |                                 |                                    |                                 |  |
| TITLE   | SD SD  | Delete Delete   | TITLE                    | . 12 7   | · · · ·                      | . , -                   | ٠ ر 🗝 نيمسيد                    | "Change                            | Additio                         |  |
| NAME  | KULPA, RONALD  | _ 55,000  | NAME                     |  |                              |                         |                                 |                                    |                                 |  |
| * STREET ADDRESS  | 766 WIGGINS BAY DR   |   | STREET ADDRESS           |  |                              |                         |                                 |                                    |                                 |  |
| CITY-ST-ZIP   | NAPLES FL 34108  | <del></del>   | CITY-ST-ZIP              | <u> </u>   | <del></del>                  |                         |                                 |                                    |                                 |  |
| TITLE   | DT   | ☐ Delete  | TITLE                    |  |                              |                         |                                 | Change .                           | Additio                         |  |
| NAME<br>STREET ADDRESS  | PELEY, KAY   |   | NAME<br>STREET ADDRESS   |  |                              |                         |                                 |                                    |                                 |  |
| CITY-ST-ZIP   | 586 NORTH 108 AVENUE<br>NAPLES FL 33963  |   | CITY-ST-ZIP              |  |                              |                         |                                 |                                    |                                 |  |
| TITLE ·   | D  | ☐ Delete  | TITLE                    |  |                              |                         |                                 | Change                             | ☐ Additio                       |  |
| NAME <sup>5</sup>   | BRENNAN, JOHN  | <del></del>   | NAME                     |  |                              |                         |                                 |                                    |                                 |  |
| STREET ADDRESS  | 703 107TH AVENUE N.  |   | STREET ADDRESS           |  |                              |                         |                                 |                                    |                                 |  |
| CITY-ST-ZIP   | NAPLES FL 34108  |   | CITY-ST-ZIP              | <u> </u>   |                              |                         |                                 |                                    |                                 |  |
| TITLE   | D  | ☐ Delete  | TITLE                    |  |                              |                         |                                 | ☐ Change                           | ☐ Additio                       |  |
| NAME<br>STREET ADDRESS  | WEST, EDNA   |   | NAME<br>STREET ADDRESS   |  |                              |                         |                                 |                                    |                                 |  |
| CITY-ST-ZIP   | 706 107 AVENUE NORTH<br>NAPLES FL 33963  |   | CITY-ST-ZIP              | 1  |                              |                         |                                 |                                    |                                 |  |
|   |  |   |                          |  |                              |                         |                                 |                                    |                                 |  |

SIGNATURE:

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 10 TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Jeb Bush Governor

## Department of Environmental Protection

Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

February 1, 2000

Mr. David Mann, Director Division of Corporations Department of State Post Office Box 6327 Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that the Supporters of Del-Nor Wiggins Park, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP

Director

Division of Recreation and Parks

FPM/paw

**Attachments**