

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000006506

1. Entity Name

ST. GEORGE ISLAND PARROT HEAD CLUB, INC.

Principal Place of Business

Mailing Address

1717 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328

PO BOX 812
EASTPOINT FL 32328-0812

2. Principal Place of Business

211 AVENUE G

3. Mailing Address

P.O. BOX 789

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APALACHICOLA FL

City & State

APALACHICOLA FL

4. FEI Number

59-

Applied For

☒ Not Applicable

Zip

32320

Country

Zip

32329

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLINE, THOMAS W
1717 E GULF BEACH DRIVE
ST GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent

Name MARK W. FRIEDMAN

Street Address (P.O. Box Number is Not Acceptable)

211 AVENUE G

City

APALACHICOLA

FL

Zip Code

32320

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

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

TITLE	PRESIDENT	☐ Delete
NAME	D HEATHER O. FRIEDMAN	
STREET ADDRESS	211 AVENUE G	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE	MARK W. FRIEDMAN	☐ Delete
NAME	D VICE PRESIDENT	
STREET ADDRESS	211 AVENUE G	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE	SECRETARY	☐ Delete
NAME	D MICHAEL W. FRIEDMAN	
STREET ADDRESS	2334 RYAN PL.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK W. FRIEDMAN 4-28-00 (850) 653-1090

FILED
May 30, 2000 8:00 am
Secretary of State

05-08-2000 90083 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)