

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90226 036 ****61.25

DOCUMENT # N45719

1. Entity Name

FLORIDA ASSOCIATION FOR NUDE RECREATION, INC.



Principal Place of Business

**873 SILK OAK TERRACE
LAKE MARY FL 32746
US**

Mailing Address

**873 SILK OAK TERRACE
LAKE MARY FL 32746
US**

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 **65-0305151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, COLIN
873 SILK OAK TERRACE
LAKE MARY FL 32746**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **GRISHAM, GLYN**
STREET ADDRESS **548 PRATHER DR**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☐ Change ☒ Addition
NAME **DUBASAK, RAYSI**
STREET ADDRESS **23223 EMERSON WAY**
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

TITLE **D** ☒ Delete
NAME **FAHEY, NANCY**
STREET ADDRESS **14125 NORTH RD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ Change ☒ Addition
NAME **DEPRE, JACK**
STREET ADDRESS **21424 KEATING WAY**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE **D** ☐ Delete
NAME **TERRIZZI, ROCCO**
STREET ADDRESS **706 E YORKSHIRE DR**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **GREEN, COLIN**
STREET ADDRESS **873 SILK OAK TERRACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **WEIBLER, JOHN**
STREET ADDRESS **12 LAKESHORE DR**
CITY-ST-ZIP **PIERSON FL 32180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WEIBLER, NANCY**
STREET ADDRESS **12 LAKESHORE DR**
CITY-ST-ZIP **PIERSON FL 32180**

TITLE **P** ☒ 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 Required

1/19/03

407-323-3856

CR2E037 (10/02)