

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723189

1. Entity Name

FRIENDS OF FIVE, INC.

FILED

Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90046 048 ****61.25

0064708

Principal Place of Business
2000 WEIMER HALL, UNIV. OF FLORIDA
P. O. BOX 12865
GAINESVILLE FL 32604

Mailing Address
2000 WEIMER HALL, UNIV. OF FLORIDA
P. O. BOX 12865
GAINESVILLE FL 32604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 23-7317577
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEHNER, RICHARD
2000 WEIMER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611

7. Name and Address of New Registered Agent
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.

SIGNATURE *Richard G. Lehner*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/02
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	PD	<input type="checkbox"/> Delete
NAME	SPAIN, SUSAN	
STREET ADDRESS	2321 NW 41 STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDRICH, MARTHA JANE	
STREET ADDRESS	1045 NW 41 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	STD	<input type="checkbox"/> Delete
NAME	IRBY, BUDDY	
STREET ADDRESS	P O BOX 11	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLO, WAYNE	
STREET ADDRESS	2772 N.W. 43RD ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, ROSLYN	
STREET ADDRESS	401 SW 88TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORE, MELANIE	
STREET ADDRESS	5206 NW 47 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRBY, BUDDY	
STREET ADDRESS	PO BOX 11	
CITY-ST-ZIP	GAINESVILLE, FL 32602	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAIN, SUSAN	
STREET ADDRESS	2321 NW 41 STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE, MELANIE	
STREET ADDRESS	5206 NW 47 LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOFORTH, SAM	
STREET ADDRESS	104 N. MAIN STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Wayne P. Castello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

3/21/2002

Date

(352) 377-4422

Daytime Phone #

CR2E037 (9/01)