

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727944

1. Entity Name

FRIENDS OF MCINTOSH, INCORPORATED

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90315 047 ****61.25

Principal Place of Business

Mailing Address

MACINTOSH
 MCINTOSH FL 32664

MCINTOSH DEPOT
 MCINTOSH FL 32664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7376102

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, EUNICE M.
 5900 AVE G
 P.O. BOX 103
 MCINTOSH FL 32664

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME LITTLE, SHARON A
 STREET ADDRESS BOX 351 21950 HWY 441 N
 CITY-ST-ZIP MCINTOSH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CSD Delete
 NAME DOBBER, BEVERLY
 STREET ADDRESS P.O. BOX 481
 CITY-ST-ZIP MCINTOSH FL 32664

TITLE Change Addition
 NAME **DOBBER, BEVERLY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME SMITH, EUNICE M.
 STREET ADDRESS 5900 AVE G
 CITY-ST-ZIP MCINTOSH FL 32664

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME RATH, CHRIS
 STREET ADDRESS 6200 AVENUE H
 CITY-ST-ZIP MCINTOSH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PANCHOU, LINDA
 STREET ADDRESS P.O. BOX 4998
 CITY-ST-ZIP MCINTOSH FL 32664

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME HOPWOOD, ALFRED
 STREET ADDRESS 5502 BRENNAN LANE
 CITY-ST-ZIP MCINTOSH FL

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: *

Eunice M. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 2000 - 352-591-15
 Date Daytime Phone #

CR2E037 (9/99)