

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90024 008 \*\*\*\*61.25

000469

**DOCUMENT # 727944**

1. Entity Name

**FRIENDS OF MCINTOSH, INCORPORATED**

Principal Place of Business

Mailing Address

MCINTOSH  
 MCINTOSH FL 32664

MCINTOSH DEPOT  
 MCINTOSH FL 32664

**00006444**



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 DONNER, BEVERLY  
 STREET ADDRESS P.O. BOX 481  
 CITY-ST-ZIP MCINTOSH FL 32664

TITLE  Change  Addition  
 NAME CORRESPONDING SEC/DIRECTOR  
 DODDER, BEVERLY  
 STREET ADDRESS PO BOX 481  
 CITY-ST-ZIP MCINTOSH FL 32664

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 RECORDING SECRETARY/DIRECTOR  
 REVELS, DIANE  
 STREET ADDRESS P.O. BOX 315  
 CITY-ST-ZIP MCINTOSH, FL 32664

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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eunice M. Smith* 1/10/01 352-571-1536  
 Date Daytime Phone #

CR2E037 (10/00)