

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90081 022 \*\*\*\*61.25

**DOCUMENT # 727944**

1. Entity Name  
**FRIENDS OF MCINTOSH, INCORPORATED**

Principal Place of Business      Mailing Address  
**MACINTOSH**      **MCINTOSH DEPOT**  
**MCINTOSH FL 32664**      **MCINTOSH FL 32664**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 436**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MCINTOSH FL**

Zip      Country      Zip      Country  
**32664**      **USA**

4. FEI Number      Applied For  
**23-7376102**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SMITH, EUNICE M.**  
**5900 AVE G**  
**P.O. BOX 103**  
**MCINTOSH FL 32664**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LITTLE, SHARON A</b> <b>BOX 351 24950 HWY 441 N</b> <b>MCINTOSH FL 32664</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD</b> <b>DODDER, BEVERLY</b> <b>P.O. BOX 481</b> <b>MCINTOSH FL 32664</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SMITH, EUNICE M.</b> <b>5900 AVE G</b> <b>MCINTOSH FL 32664</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RATH, CHRIS</b> <b>6200 AVENUE H</b> <b>MCINTOSH FL 32664</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD</b> <b>REVELS, DIANE</b> <b>PO BOX 315</b> <b>MCINTOSH FL 32664</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOPWOOD, ALFRED</b> <b>5502 BRENNAN LANE</b> <b>MCINTOSH FL 32664</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDD</b> <b>CHARLIE STOTT</b> <b>P.O. BOX 551</b> <b>MCINTOSH, FL 32664</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Eunice M. Smith Date Jan 8, 2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (9/01)