

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763171

1. Entity Name

FRIENDS OF ERNA NIXON PARK, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90011 013 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1200 EVANS RD.  
WEST MELBOURNE FL 32904

P.O. BOX 1873  
MELBOURNE FL 32912-0184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MELBOURNE, FLORIDA

32912-0184

4. FEI Number

59-2318697

Applied For

Not Applicable

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

HEBERT, CAROL  
2400 WASHINGTON ST  
WEST MELBOURNE FL 32904

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

T  
NAME WILLIAMS, VICKI  
STREET ADDRESS 152 E HAVEN DR  
CITY-ST-ZIP WEST MELBOURNE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

D  
NAME COGAN, KAREN  
STREET ADDRESS 627 ACACIA AVE  
CITY-ST-ZIP MELBOURNE FL 32904

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

PD  
NAME STEUART, MARTHA  
STREET ADDRESS 996 NEVADA DR NE  
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

DV  
NAME HEBERT, CAROL  
STREET ADDRESS 2400 WASHINGTON ST.  
CITY-ST-ZIP WEST MELBOURNE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

S  
NAME STEUART, PAUL  
STREET ADDRESS 996 NEVADA DR NE  
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Vicki Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6141  
JAN 12, 2000 321-724-  
DATE DAYTIME PHONE #

CR2E037 (9/99)