

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763321

1. Entity Name

THE FLORIDA RECREATION AND PARK ASSOCIATION, INC

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90109 012 \*\*\*\*61.25

Principal Place of Business	Mailing Address
411 OFFICE PLAZA DR TALLAHASSEE FL 32301	411 OFFICE PLAZA DR TALLAHASSEE FL 32301-2756



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

4. FEI Number	Applied For
23-7413123	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELEANOR WARMACK 411 OFFICE PLAZA DR. TALLAHASSEE FL 32301	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 \_\_\_\_\_ (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	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, JULIA	NAME	Joe Abel
STREET ADDRESS	320 E MONUMENT AVE	STREET ADDRESS	405 University Drive
CITY-ST-ZIP	KISSIMEE FL	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHENBACH, WALT	NAME	Steve Miller 40 Parks & Recreation
STREET ADDRESS	6700 CLARK ROAD	STREET ADDRESS	100 Myrtle Avenue South
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	Clearwater, FL 33758
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, FERLITA	NAME	
STREET ADDRESS	7525 N BLVD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	33604
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MARY A	NAME	
STREET ADDRESS	1450 16TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	33713
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDO, MARK	NAME	
STREET ADDRESS	1501 BELCHER RD STE 225	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELEANOR WARMACK	NAME	
STREET ADDRESS	411 OFFICE PLAZA DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP	32301-2756

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: S. WARMACK Eleanor J. Warmack 1/1/00 850-878-3221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)