

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763694

1. Entity Name

FRIENDS OF FLORIDA FOLK INCORPORATED

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90206 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1625 VEREDA VERDE  
 SARASOTA FL 34232-2164

1625 VEREDA VERDE  
 SARASOTA FL 34232-2164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0055900**

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

DEVANE, ROSY  
 503 E BEACON RD  
 LAKELAND FL 33803

Name **SNYDER, KEITH**

Street Address (P.O. Box Number is Not Acceptable)

**951 BLACKWOOD ST**

City **ALTAMONTE SPR** FL Zip Code **32701**

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 Keith M Snyder  
 Signature, typed or printed name of registered agent and title if applicable

Mason  
 (NOTE: Registered Agent signature required when reinstating)

4/29/00  
 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 **PARDUE, HOWARD**  
 STREET ADDRESS **809 MADERIA CIRCLE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **PD**  Change  Addition  
 NAME **NOHLOWAY, GLENNIA**  
 STREET ADDRESS **4349 DUNMORE AVE B1D**  
 CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **VD**  Delete  
 NAME **CLEVELAND, BEN**  
 STREET ADDRESS **553 ROBIN LANE**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **V**  Change  Addition

TITLE **SD**  Delete  
 NAME **STEWART, LINDA**  
 STREET ADDRESS **3524605 19 NORTH STE. 196**  
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **SD**  Change  Addition  
 NAME **LEVINE, NANCY**  
 STREET ADDRESS **11241 ENGLISH MOSS LA**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **TD**  Delete  
 NAME **DEVANE, ROSY**  
 STREET ADDRESS **503 E BEACON RD**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **TD**  Change  Addition  
 NAME **SNYDER, KEITH**  
 STREET ADDRESS **951 BLACKWOOD ST**  
 CITY-ST-ZIP **ALTAMONTE SPR FL 32701**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: SK Keith M Snyder  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00  
 Date

(407) 331-7011  
 Daytime Phone #

CR2E037 (9/99)