

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 770739**

1. Entity Name

**FRIENDS OF THE PARK, INC.**

Principal Place of Business

PO BOX 1248  
GREEN COVES SPRINGS FL 32043

Mailing Address

PO BOX 1248  
GREEN COVES SPRINGS FL 32043**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

06-15-2001 90169 026 \*\*\*\*61.25

**A0073375**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2360151**

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

**ARNOLD, L. J., III**  
**718 NORTH ORANGE AVENUE**  
**GREEN COVE SPRINGS FL 32043**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	FULLERTON, DONALD	818 N PINE ST.	GREEN COVE SPRNGS FL	<input type="checkbox"/>
P	KEATING, NANCY	3272 COUNTY RD. 209	GREEN COVE SPRNGS FL	<input type="checkbox"/>
LD	WILLIAMS, JERRY	104 ST. JOHNS AVE.	GREEN COVE SPRNGS FL	<input type="checkbox"/>
D	ROBERTS, GERALD	20 ELMORE STREET	GREEN COVE SPRNGS FL	<input type="checkbox"/>
D	CROCKETT, THERESA A.	425 S. PALMETTO AVE	GREEN COVE SPRNGS FL	<input type="checkbox"/>
D	BOWENS, LILLIAN	HIBERNIA RT., BOX 802	GREEN COVE SPRNGS FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Nancy Keating*  
**NANCY KEATING**011801 (900)  
284-9859