Page 1 of 2

## NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED SECRETARY OF STATE

1. Entity Name  Friends of the Landesulle Hawthing Trail				ţ	02 JUL 23 PM 4: 01		
	DO NOT WRIT	E IN THIS S	PACE				
2. Principal Place of Business  0 60+ 35784/  Suite, Apt. #, etc.  3. Mailing Address  0 60+ 35  Suite, Apt. #, etc.			7841	2000000	DO NOT WRITE IN THIS SPA	ACE	
Gunesville Flonda Gainesulle			Flo. 34 4. FEI Number 59 -		3646641	Applied For Not Applicable	
Zip 3760)	Country	32605	Country US A	5. Certificate of S	Status Desired	3.75 Additional e Required	
ALCOHOLOGICAL STREET	Control of the Contro		permanante	7. Name and Add	ess of Current Registered A	gent /	
	DO NOT V	VRITE	Street Addr	ess (P:O. Box Number is	Om Ank	ersen b	
	/ IN THIS S	PACE	TILL MAY	9 2002 Gaines VI	Np FL	32605	
8. The above	named entity submits this statement	t for the purpose of changing i	BUR	EAU OF	n the state of Florida.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title # applicable (NC	OPERATION  TE: Registered Agent signature re	NAL SERVICES	DATE		
are a sustain a s	5 _ % & d	2.1.0.3.1.1		·	Tarres en	7 (B) (C) (D) (C) (S)	
	FEE IS \$61.25	Trust Fund	ampaign Financing Contribution.	<b>\$5.00</b> May Be Added to Fees	Make Check i	the commence of the commence o	
10.	OFFICERS AND						
TITLE	President		THILE SECTION AND ADDRESS OF THE PARTY OF TH				
NAME	TOM SYEVENS	FL 32606	NAME				
STREET ADDRESS	3027 NW 494 ST	Gamesule	STREET ADDRESS				
CITY-ST-ZIP		' MAINLEMAL	CITY: ST: ZIP				
TITLE	Vize President		DI TITLE AND THE				
NAME	3215 NW 17th St.	Garage Min	NAME			, K	
STREET ADDRESS CITY - ST - ZIP	3512 NM 1247 NV	(CHIVE) ALITY	STREET ADDRESS				
	Secretary						
name	Nearly Lasset		NAME				
STREET ADDRESS	Neary Lasseler 8215 NW 17+K FL 32605	St. Gailesuille	STREET ADDRESS	n n	NOT WOLT		
CITY-ST-ZIP			CITY-ST: RP	שיייייייייייייייייייייייייייייייייייייי	NOT WRIT		
TITLE	Treasurer.		D	IN	THIS SPAC		
NAME STREET ADDRESS	Sherri asoya	ø I	NAME STREET ADDRESS			6644666666	
CITY-ST-ZIP	TARO SE STAD I	82661	Crity-St. ZIP				
TITLE	PLETIVE 9 ALLIC LP	, pt	TITLE STATE OF THE				
NAME			NAME STATES				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Thoras SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/16/2002 (352)373 3485



## Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

May 15, 2002

Ms. Cathy Stauffer Division of Corporations Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

Dear Ms. Stauffer:

This letter is to certify to you that Friends of the Gainesville Hawthorne Trail, is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Warmest regards,

Wendy Spencer, Director

Florida State Parks

WB/pwb

Attachments