

2002 UNIFORM BUSINESS REPORT (UBR)

0000487

DOCUMENT # N00000005405

1. Entity Name

FRIENDS, OF OUR NATIONS HEROES, INC.

FILED

02 JUL -8 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

303 LITTLERIDGE CT.
ORANGE PARK FL 32065

303 LITTLERIDGE CT.
ORANGE PARK FL 32065

1365 Fairway Village Dr.
Orange Park, FL 32003

2. Principal Place of Business

3. Mailing Address

1365 Fairway Village Dr.
Orange Park

1365 Fairway Village Dr.
Orange Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Florida

City & State
Florida

05/17/02 01042 012 \$70.00

4. FEI Number
31-1760071

Applied For
Not Applicable

Zip
32003

Country
USA

Zip
32003

Country
USA

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

DEW, SHELBY J
303 LITTLERIDGE CT.
ORANGE PARK FL 32065

1365 Fairway Village Dr.
Orange Park, FL 32003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE S Shelby J. Dew
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 9-02-

After September 13, 2002,
min. will be \$236.25.

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 FC ☐ Delete
NAME DEW, SHELBY J
STREET ADDRESS 303 LITTLERIDGE CT.
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PF ☐ Delete
NAME LOVELESS, MARY Gary
STREET ADDRESS 4845 WESCH BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AO ☐ Delete
NAME MCELFRESH, TOM
STREET ADDRESS 2155 JOSEPH HEWES
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DEW, ROBERT
STREET ADDRESS 5564 RIBBON ROSE DR.
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DEW, RANDALL
STREET ADDRESS 2349 GLENFINNAN DR.
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME DEW, SUZANNE
STREET ADDRESS 2349 GLENFINNAN DR.
CITY-ST-ZIP ORANGE PARK FL 32073

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: S Shelby J. Dew

July 9-02 904-215-1961

CR2E037 (4/02)