2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # NOOOOOO5911 1. Entity Name FRIENDS OF FAVER DYKES STATE PARK, INC. | | | | | SECRETARY OF STATE OLVISION OF CORPORATIONS | |
|--|--|---|--|--|--|--|
| LUICINE | DO OL LANEH DIVEO STATE | E PARK, ING. | | | 01 APR -9 AM 11:07 | |
| Principal Place of Business 1000 FAVER DYKES ROAD ST AUGUSTINE FL 32086 | | Mailing Address 1000 FAVER DYKES ROAD ST AUGUSTINE FL 32086 | | | | |
| 2. Principal | Place of Business | 3. Mailing Address | | ···· | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | . DO NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | | 4. FEI Number 3700114 Applied For Not Applied be | |
| Zip | Country | Zip | Count | try | 5. Certificate of Status Desired See Required | |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | | 7. Name and Address of New Registered Agent | |
| | | | | Name SAM | E AS CURRENT | |
| NAURIGH | HT, EUZABETH c/o Friends VER DYKES ROAD | of Faver Dykes SP | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | USTINE FL 32086 | | | City | Zip Code | |
| 8. The above named entity submits this statement for the purpose of char | | | | | ГЬ | |
| | Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 | 9. Election Campaig Trust Fund Contrib | n Financing oution. | Added | Make Check Payable to d to Fees Department of State | |
| TITLE | | DECTORS | | | | |
| NAME | OFFICERS AND DI | | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| | PD NAURIGHT, ELIZABETH 815 FAVER DYKES RD ST AUGUSTINE FL 32086 | RECTORS Delete | TITLE NAME | D Pat ADDRESS 273 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change XX Addition they, Betty 3 S. Collins Avenue Augustine, FL 32095 | |
| CITY-ST-ZIP FITLE NAME STREET ADDRESS | PD NAURIGHT, ELIZABETH 815 FAVER DYKES RD | | TITLE NAME STREET A CATY-ST TITLE NAME | ADDRESS D Pat 273 St. | ☐ Change XX Addition they, Betty 33 S. Collins Avenue | |
| CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS | PD NAURIGHT, ELIZABETH 815 FAVER DYKES RD ST AUGUSTINE FL 32086 VD PACETTI, FRANKIE 724 HANSEN RD | ☐ Delete | TITLE NAME STREET / CITY-ST TITLE NAME STREET / | ADDRESS ADDRESS ADDRESS ADDRESS | □ Change XX Addition they, Betty 3 S. Collins Avenue Augustine, FL 32095 | |
| CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME | PD NAURIGHT, ELIZABETH 815 FAVER DYKES RD ST AUGUSTINE FL 32086 VD PACETTI, FRANKIE 724 HANSEN RD ST AUGUSTINE FL 32086 SD LIVINGSTON, ONNOLEE 117 ORANGE AVE | ☐ Delete | TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / | ADDRESS ADDRESS ADDRESS -ZIP ADDRESS -ZIP | ☐ Change XX Addition they, Betty 3 S. Collins Avenue Augustine, FL 32095 ☐ Change ☐ Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD NAURIGHT, ELIZABETH 815 FAVER DYKES RD ST AUGUSTINE FL 32086 VD PACETTI, FRANKIE 724 HANSEN RD ST AUGUSTINE FL 32086 SD LIVINGSTON, ONNOLEE 117 ORANGE AVE EAST PALATKA FL 32131 D FRAWLEY, GLENDA 286 MONTEREY AVE ST AUGUSTINE FL 32084 D LIVINGSTON, HAROLD 117 ORANGE AVE ST AUGUSTINE FL 32084 | ☐ Delete ☐ Delete ☐ Delete | TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET A STREET A | ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP | □ Change | |
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URE: Elizabeth Revious 2-08-01 904-794-099



Department of Environmental Protection

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

David B. Struhs Secretary

March 30, 2001

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 Faver Dykes State Park, Inc., 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.

Sincerely,

Fran P. Mainella, CPRP

Director

Division of Recreation and Parks

FPM/pwb

Attachments