

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007664

1. Entity Name

FRIENDS OF LAKE GRIFFIN, INC.

FILED

Aug 25, 2002 8:00 am
Secretary of State

05-27-2002 90443 043 ****61.25

Principal Place of Business
10111 SE US HWY 441
BELLEVUE FL 34420

Mailing Address
10111 SE US HWY 441
BELLEVUE FL 34420

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
59-3691341

Applied For
Not Applicable

5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, RONALD A
10111 SE US HWY 441
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MERREL, ROBERT	
STREET ADDRESS	5433 MARION CTY ROAD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZANEIS, DEAN	
STREET ADDRESS	40051 GATOR LAKE ROAD	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEENEY, TOM	
STREET ADDRESS	P.O BOX 927	
CITY-ST-ZIP	LADY LAKE FL 32158	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALSTEAD, DANIEL	
STREET ADDRESS	5035 MARION CTY ROAD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERRELL, SANDRA	
STREET ADDRESS	5433 MARION CTY ROAD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALSTEAD, COLLEEN	
STREET ADDRESS	5035 MARION CTY ROAD	
CITY-ST-ZIP	WEIRSDALE FL 32195	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Colleen Halstead

CR2E037 (4/02)