## 2001 UNIFORM BUSINES REPORT (UBR)

## DOCUMENT # N0000007751

1. Entity Name

## FRIENDS OF RESTORATION AND ENHANCEMENT OF VALPAR

Principal Place of Business
36468 EMERALD COAST PARKWA

Mailing Address

SUITE 2201 **DESTIN FL 32541**  36468 EMERALD COAST PARKWAY

SUITE 2201 DE871N FL 32541

2. Principal Place of Business	3. Mailing Address	
CITY OF VALPARAISO	CITY OF	VALPI
O the Alba H at a		

**FILED** 

03-05-2001 90344 010 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

465 VALPAR 465 VALPARAISO PKWY City & State City & State VALPARAISO

VALPARAISO Zip

32*580* 

ARAISO

4. FEI Number 593657218

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, STEVENLY 36468 EMERALD COAST PARKWAY SUITE 2201

DESTIN FL 32541

7. Name and Address of New Registered Agent Name CAMERON, JOHN

Street Address (P.O. Box Number is Not Acceptable)
267 S. BAYSHOLE DLIVE

VALPARAISO

Zip Code **3258**ひ*~/55/* 

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

32580

typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

28 FOB 01

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Pavable to Department of State

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD TITLE ☐ Delete Change ☐ Addition NAME LIGHTFOOT, STEVE A NAME STREET ADDRESS STREET ADDRESS 20 BAYSHORE POINT CITY-ST-ZIP CITY-ST-ZIP VALPARAISO FL 32580 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CAMERON, JOHN D STREET ADDRESS STREET ADDRESS 267 BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP VALPARAISO-FL-32580-WILSON, BRANDON TITLE **⊠** Delete **Addition** TITLE ☐ Change NAME NAME MCCRACKEN, JAMES E 1267 BAYSHONE PRIVE STREET ADDRESS STREET ADDRESS 1127 N. BAYSHORE DR. VALPARAISO FL 32580 CITY-ST-ZIP CITY-ST-ZIP VALPARAISO FL 32580 TITLE D Delete THE D WILSON, ROBERT 266 MISSISSIPPI AUG ☐ Change Addition NAME NAME HERNANDEZ, LYDIA STREET ADDRESS STREET ADDRESS 15 BAYSHORE POINT CITY-ST~ZIP CITY-ST-ZIP VALPANAISO FL 32580 VALPARAISO FL 32580 TITLE Delete **Addition** TITLE D Change HOLTZ, JANE NAME PARDUE, DONALD NAME 1271 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS 257 FERN DELL AVENUE CITY-ST-ZIP CITY-ST-ZIP VALPARAISO FL 32580 VALPARAISO FL 32580 TITLE ☐ Delete TITLE ☐ Addition NAME NAME SHEPPARD, GEORGE JR. STREET ADDRESS STREET ADDRESS 404 DAVENPORT AVE. CITY-ST-7IP CITY-ST-ZIP VALPARAISO FL 32580

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 path; 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 applicable, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNII

850-678-6266