

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90941 047 \*\*\*\*61.25

**DOCUMENT # N00000007751**

1. Entity Name

**FRIENDS OF RESTORATION AND ENHANCEMENT OF VALPARAISO'S ENVIRONMENTAL RESOURCES, INC.**

Principal Place of Business

Mailing Address

CITY OF VALPARAISO  
 465 VALPARAISO PKWY  
 VALPARAISO FL 32580

CITY OF VALPARAISO  
 465 VALPARAISO PKWY  
 VALPARAISO FL 32580

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**465 VALPARAISO PKWY 465 VALPARAISO PKWY**

City & State

City & State

**VALPARAISO**

Zip

Country

Zip

Country

4. FEI Number

**59-3657218**

Applied For

Not Applicable

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

**CAMERON, JOHN D**  
**267 S BAYSHORE DRIVE**  
**VALPARAISO FL 32580**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **PD** ☐ Delete  
 NAME **LIGHTFOOT, STEVE A**  
 STREET ADDRESS **20 BAYSHORE POINT**  
 CITY-ST-ZIP **VALPARAISO FL 32580**

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

TITLE **STD** ☐ Delete  
 NAME **CAMERON, JOHN D**  
 STREET ADDRESS **267 BAYSHORE DRIVE**  
 CITY-ST-ZIP **VALPARAISO FL 32580**

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

TITLE **D** ☐ Delete  
 NAME **WILSON, BRANDON**  
 STREET ADDRESS **1267 BAYSHORE DRIVE**  
 CITY-ST-ZIP **VALPARAISO FL 32580**

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

TITLE **D** ☐ Delete  
 NAME **WILSON, ROBERT**  
 STREET ADDRESS **268 MISSISSIPPI AVE**  
 CITY-ST-ZIP **VALPARAISO FL 32580**

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

TITLE **D** ☐ Delete  
 NAME **HOLTZ, JANE**  
 STREET ADDRESS **1271 BAYSHORE DRIVE**  
 CITY-ST-ZIP **VALPARAISO FL 32580**

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

TITLE **D** ☐ Delete  
 NAME **SHEPPARD, GEORGE JR.**  
 STREET ADDRESS **404 DAVENPORT AVE.**  
 CITY-ST-ZIP **VALPARAISO FL 32580**

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:

**SIGNATURE REQUIRED CAMERON**

**12 JUN 02**

**850-884-1853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)