

# 2002 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90085 002 \*\*\*\*61.25

**DOCUMENT # NO1000004747**

1. Entity Name

**FRIENDS OF FLORIDA WATERWAYS CORPORATION**

Principal Place of Business

Mailing Address

GUY & YUDIN, LLP  
55 EAST OCEAN BLVD.  
STUART, FL 34994

GUY & YUDIN, LLP  
55 EAST OCEAN BLVD.  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1122554

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GUY, WILLIAM E JR.  
55 EAST OCEAN BLVD.  
STUART FL 34994

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 resigning)

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  
NAME: HEFFLEBOWER, DAVID  
STREET ADDRESS: HARBORTOWN MARINA 1936 HARBOR TOWN DR.  
CITY-ST-ZIP: FORT PIERCE FL 34946 ☐ Delete

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

TITLE: VPD  
NAME: GUY, WILLIAM E JR.  
STREET ADDRESS: 55 EAST OCEAN BLVD.  
CITY-ST-ZIP: STUART FL 34994 ☐ Delete

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

TITLE: STD  
NAME: HEFFLEBOWER, BARBARA  
STREET ADDRESS: 1936 HARBOR TOWN DRIVE  
CITY-ST-ZIP: FORT PIERCE FL 34946 ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Change ☐ Addition  
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CITY-ST-ZIP: ☐ Delete

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

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]* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

561-466-7500

Daytime Phone #

CR2E037 (9/01)