


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90158 018 ****61.25

DOCUMENT # N01000008118

1. Entity Name
THE FRIENDS OF HENRY B. PLANT PARK, INC.



Principal Place of Business Mailing Address

**401 WEST KENNEDY BLVD
TAMPA FL 33606** **PO BOX 14307
TAMPA FL 33690**

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 **59-3759368** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DYAL, KAY R
902 SOUTH DAKOTA APT 4A
TAMPA FL 33606**

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: _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ENDICOTT, SONYA | |
| STREET ADDRESS | 2915 SUNSET WAY | |
| CITY-ST-ZIP | ST PETE BEACH FL 33706 | |
| TITLE | 1VPD | <input type="checkbox"/> Delete |
| NAME | HUBBELL, BEV | |
| STREET ADDRESS | 2608 WEST TYSON AVENUE | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | RSD | <input type="checkbox"/> Delete |
| NAME | OWENS, RAMSAY | |
| STREET ADDRESS | 6306 S MACDILL AVENUE #203 | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DYAL, KAY | |
| STREET ADDRESS | 902 S DAKLOTA AVE #4-A | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VAN VORIS, CYNTHIA | |
| STREET ADDRESS | 4203 WOODMERE ROAD | |
| CITY-ST-ZIP | TAMPA FL 88809 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEAN, NORMA | |
| STREET ADDRESS | 415 S PALOMA PLACE | |
| CITY-ST-ZIP | TAMPA FL 33609 | |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2709 Chambers Lane | |
| CITY-ST-ZIP | Tampa, FL 33611 | |
| 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: *Kay R Dyal, Registered Agent* 1/28/03 (813) 254-7126

CR2E037 (10/02)