


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 **PO BOX 14307**
TAMPA FL 33606 **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

CP2E037 (10/02)