

2002 UNIFORM BUSINESS REPORT (UBR)

FILED 002 90025 030 ***150.00

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02 FEB 13 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FLYING FISH PARENTS ASSOCIATION, INC.

Principal Place of Business
**4121 OLD MILL COVE TRAIL WEST
JACKSONVILLE FL 32277**

Mailing Address
**4121 OLD MILL COVE TRAIL WEST
JACKSONVILLE FL 32277**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERLIN, EDWARD
4121 OLD MILL COVE TRAIL WEST
JACKSONVILLE FL 32277**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERLIN, EDWARD 4121 OLD MILL COVE TRAIL WEST JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, DAVID B 4161 HEATH RD. JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, PATSY E 7247 STONEHURST RD. NORTH JACKSONVILLE FL 32277	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORG, J. Rody 4304 FERN CREEK DR. JACKSONVILLE, FL 32277	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another individual empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02

Date

904-743-8375

Daytime Phone #

CR2E034 (9/01)