

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10603

1. Entity Name

FLORIDA ASSOCIATION OF PARKS AND RECREATION ADMINISTRATION

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90056 013 ****61.25

Principal Place of Business

Mailing Address

THOMAS L. TAPP
1350 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33312
US

THOMAS L. TAPP
1350 WEST BROWARD BLVD.
FORT LAUDERDALE FL 33312-1643
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2588901

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAPP, THOMAS L.
1350 W. BROWARD BLVD.
FORT LAUDERDALE FL 33312

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 ☐ Delete
NAME ST
STREET ADDRESS TAPP, THOMAS L
CITY-ST-ZIP 1350 WEST BROWARD BOULEVARD
FORT LAUDERDALE FL

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

TITLE ☐ Delete
NAME D-Chain
STREET ADDRESS SCOTT, GREG
CITY-ST-ZIP 215 NW DUVAL STREET
LIVE OAK FL 32060

TITLE ☒ Change ☐ Addition
NAME Chain
STREET ADDRESS Scott, Greg
CITY-ST-ZIP

TITLE ☐ Delete
NAME C
STREET ADDRESS FERLITA, ROSS
CITY-ST-ZIP 7525 NORTH BLVD.
TAMPA FL 33604

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Ferlita, Ross
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DOUGHNEY, JACK
CITY-ST-ZIP P.O BOX 760 N/A
FT PIERCE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GOMEZ, MICKEY
CITY-ST-ZIP 201 WEST PALMETTO PARK RD
BOCA RATON FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RAMSEY, MARLA
CITY-ST-ZIP 3300 SANTA BARBARA BLVD.
NAPLES FL 34116

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-761-5346

CR2E037 (9/99)