2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT # N10603** 1. Entity Name FLORIDA ASSOCIATION OF PARKS AND RECREATION ADMI 05-14-2002 90328 029 ****61.25 NISTRATORS, INC. Principal Place of Business Mailing Address THOMAS L. TAPP THOMAS L. TAPP 1950 WEST BROWARD BLVD. 1350 WEST BROWARD BLVD. FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2588901 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAPP, THOMAS L. Street Address (P.O. Box Number is Not Acceptable) 1350 W. BROWARD BLVD. FORT LAUDERDALE FL 33312 City Zip Code FL 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 7 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (9/01 ☐ Change ☐ Addition TAPP, THOMAS L NAME NAME 1350 WEST BROWARD BOULEVARD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIF CITY-ST-ZIP DC TITLE ☐ Delete TITLE ☐ Addition Change SCOTT, GREG NAME NAME 215 NW DUVAL STREET STREET ADDRESS STREET ADDRESS LIVE OAK FL 32060 CITY-ST-ZIP CITY-ST-ZIP ח TITI F ☐ Delete TITLE ☐ Change Addition EVANS, PATRICIA NAME NAME DATONA BCH LEISURE SER., P.O. BOX 2451 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32115-2451 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARBIN, ROBERT NAME NAME BROWARD CO. PKS. & REC., 950 NW 38 ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition Loubier, dan NAME NAME KISSIMMEE PKS & REC., 101 N CHURCH ST STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITI F ☐ Change NORDQUIST, BRUCE NAME NAME OCOEE REC. DEPT., 150 N LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCOEE FL 34761 CITY-ST-ZIP 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 altrachment with address, with all other like empowered.

SIGNATURE:

ATURE RE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #