

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12852

1. Entity Name

AUTHORS IN THE PARK, INC.

Principal Place of Business

Mailing Address

P.O. BOX 85
WINTER PARK FL 32790-0085

P.O. BOX 85
WINTER PARK FL 32790-0085

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

59-2620514

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**FOLEY, DAVID
1015 N. SOLANDRA DR.
ORLANDO FL 32807-1931**

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

TITLE PD
NAME FOLEY, DAVID
STREET ADDRESS 1015 N. SOLANDRA DR.
CITY-ST-ZIP ORLANDO FL 32807-1931 ☐ Delete

TITLE VD
NAME CAFFREY, KERI
STREET ADDRESS 238 EDINBURGH DR
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE TD
NAME FOLEY, JENNIFER
STREET ADDRESS 1015 N. SOLANDRA DR.
CITY-ST-ZIP ORLANDO FL 32807 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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

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 OF DAVID FOLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00 407 658 4520

**FILED
Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90045 022 ****61.25



DO NOT WRITE IN THIS SPACE