

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90173 014 ****61.25

DOCUMENT # N16667

i. Entity Name

1000 FRIENDS OF FLORIDA, INC.

00004737



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
E PARK AVENUE TALLAHASSEE FL 32301		P.O. BOX 5948 TALLAHASSEE FL 32314-5948 US	
Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2761163	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATTISON, CHARLES G 926 EAST PARK AVENUE TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

e. 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: *Charles G. Pattison* (NOTE: Registered Agent signature required when reinstating) DATE: 1.12.00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: ED NAME: PATTISON, CHARLES G STREET ADDRESS: 926 E PARK AVENUE CITY-ST-ZIP: TALLAHASSEE FL 32301	<input type="checkbox"/> Delete	TITLE: SAME NAME: SAME STREET ADDRESS: 777 GLADES ROAD, SOCIAL SCIENCE BLDG. CITY-ST-ZIP: ROOM 386, BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: DEGROVE, JOHN M. STREET ADDRESS: FAU/FIU, 220 SE 2ND AVE CITY-ST-ZIP: FT LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE: SAME NAME: SAME STREET ADDRESS: 101 SOUTH GULFSTREAM AVE., UNIT 15B CITY-ST-ZIP: SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: KUMPE, MARY A. STREET ADDRESS: 1564 BAY POINT DR.. CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> Delete	TITLE: SAME NAME: SAME STREET ADDRESS: POST OFFICE BOX 21026 CITY-ST-ZIP: TAMPA, FL 33622-1026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: APTHORP, JIM STREET ADDRESS: 10008 N DALE MABRY HWY, STE D-117 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> Delete	TITLE: SAME NAME: SAME STREET ADDRESS: 11844 SE DIXIE HIGHWAY, #C CITY-ST-ZIP: HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: REED, NATHANIEL PRYOR STREET ADDRESS: 6 RIVERVIEW ROAD CITY-ST-ZIP: HOBE SOUND FL	<input type="checkbox"/> Delete	TITLE: TD NAME: SOKOLOW, JERRY STREET ADDRESS: 3225 AVIATION AVE, STE 304 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles G. Pattison* DATE: 1.12.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)