

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16667

1. Entity Name

1000 FRIENDS OF FLORIDA, INC.

Principal Place of Business

926 E PARK AVENUE
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 5948
TALLAHASSEE FL 32314-5948
US

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

59-2761163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTISON, CHARLES G
926 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

Charles G. Pattison

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	ED	☐ Delete
NAME	PATTISON, CHARLES G	
STREET ADDRESS	926 E PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	P	☒ Delete
NAME	DEGROVE, JOHN M.	
STREET ADDRESS	777 GLADES RD, SOCIAL SCIENCE BLDG.	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	☒ Delete
NAME	KUMPE, MARY A.	
STREET ADDRESS	101 SOUTH GULFSTREAM AVE. UNIT 15B	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	☒ Delete
NAME	APTHORP, JIM	
STREET ADDRESS	P.O. BOX 21026	
CITY-ST-ZIP	TAMPA FL 33622-1026	
TITLE	C	☒ Delete
NAME	REED, NATHANIEL PRYOR	
STREET ADDRESS	11844 SE DIXIE HIGHWAY, #C	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	☐ Delete
NAME	SOKOLOW, JERRY	
STREET ADDRESS	3225 AVIATION AVE, STE 304	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	☒ Change ☐ Addition
NAME	Jackson, Timothy	
STREET ADDRESS	33 East Pine Street	
CITY-ST-ZIP	Orlando FL 32801	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	Rist, Carol	
STREET ADDRESS	1804 SW 83rd Court	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	☒ Change ☐ Addition
NAME	STROUD, Nancy	
STREET ADDRESS	3111 STIRLING Rd	
CITY-ST-ZIP	Ft. Lauderdale FL 33312	
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WAHS, C. Allen	
STREET ADDRESS	P.O. BOX 2491	
CITY-ST-ZIP	DAYTONA BEACH FL 32115-2491	
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:

Charles G. Pattison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90024 047 ****61.25

00000301



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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