

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21189

1. Entity Name

FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 27 AM 11:43

Principal Place of Business

Mailing Address

84371 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

P.O. BOX 236
ISLAMORADA FL 33036-0236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0028954

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

SHEA, STEVEN P.
786 DUCK KEY DR
DUCK KEY FL 33050

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 PD ☐ Delete
NAME FAHRER, ALISON
STREET ADDRESS P. O. BOX 447 N/A
CITY-ST-ZIP ISLAMORADA FL

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

TITLE SD ☒ Delete
NAME STROBEL, KAREN
STREET ADDRESS PO BOX 1527 N/A
CITY-ST-ZIP TAVERNIER FL

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

TITLE VTD ☐ Delete
NAME HARING, SKIP
STREET ADDRESS P O BOX 838 N/A
CITY-ST-ZIP LONG KEY FL

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

TITLE D ☐ Delete
NAME LUCI, NIEBLER
STREET ADDRESS 193 EL CAPITAN DRIVE
CITY-ST-ZIP ISLAMORADA FL

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

TITLE D ☐ Delete
NAME SYLVESTER, EILEEN
STREET ADDRESS 166 GULFVIEW DRIVE
CITY-ST-ZIP ISLAMORADA FL 33036

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

PHILIP (SKIP) HARRIS 1/18/2000 305-664-4146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #