

# 2002 UNIFORM BUSINESS REPORT (UBR)

1012

0071751

DOCUMENT # N21189

1. Entity Name

FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC

FILED

02 MAY -1 AM 7:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
84371 OVERSEAS HIGHWAY ISLAMORADA FL 33036	P.O. BOX 236 ISLAMORADA FL 33036

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0028954	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SHEA, STEVEN P 786 DUCK KEY DR DUCK KEY FL 33050

7. Name and Address of New Registered Agent
Name: Joe Niklas
Street Address (P.O. Box Number is Not Acceptable): Mile Marker 88.7
City: Tavernier FL Zip Code: 33070

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: <i>Joe Niklas</i> DATE: 11 April 02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

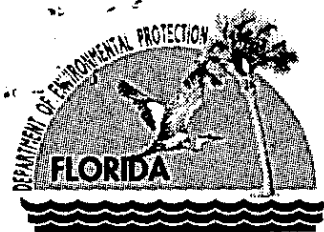
10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D FAHRER, ALLISON
STREET ADDRESS	P. O. BOX 447 N/A
CITY-ST-ZIP	ISLAMORADA FL
TITLE	<input type="checkbox"/> Delete
NAME	SD STROBEL, KAREN
STREET ADDRESS	PO BOX 1527 N/A
CITY-ST-ZIP	TAVERNIER FL
TITLE	<input type="checkbox"/> Delete
NAME	PD HARING, SKIP
STREET ADDRESS	P O BOX 838 N/A
CITY-ST-ZIP	LONG KEY FL
TITLE	<input type="checkbox"/> Delete
NAME	TD LUCI, NIEBLER-Spare
STREET ADDRESS	193 EL CAPITAN DRIVE
CITY-ST-ZIP	ISLAMORADA FL
TITLE	<input type="checkbox"/> Delete
NAME	D VP SYLVESTER, EILEEN
STREET ADDRESS	168 GULFVIEW DRIVE
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	<input type="checkbox"/> Delete
NAME	D Donna Sprunt
STREET ADDRESS	102 Mohawk St
CITY-ST-ZIP	Tavernier, FL 33070

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Brandy Etheridge
STREET ADDRESS	PO Box 52
CITY-ST-ZIP	Islamorada FL 33036
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Cathy Parrella
STREET ADDRESS	PO. Box 1866
CITY-ST-ZIP	Tavernier FL 33070
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Malone, Kathleen
STREET ADDRESS	198 Gardenia St.
CITY-ST-ZIP	Tavernier, FL 33070
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Close, Cathy - Park Manager
STREET ADDRESS	Long Key State Ph. PO # 776
CITY-ST-ZIP	Long Key FL 33001
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Wells, Pat - Park Manager
STREET ADDRESS	PO 1052
CITY-ST-ZIP	Islamorada FL 33036
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Luciann Niebler-Spare* DATE: 4/12/02 305-669-5241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)



Jeb Bush  
Governor

2 of 2

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

David B. Struhs  
Secretary

April 30, 2002

Ms. Cathy Stauffer  
Division of Corporations  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Ms. Stauffer:

This letter is to certify to you that Friends of the Islamorada Area State Parks, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Warmest regards,

Wendy Spencer, Director  
Florida State Parks

WB/pwb

Attachments