

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90172 047 ****61.25

DOCUMENT # N21189

1. Entity Name

FRIENDS OF THE ISLAMORADA AREA STATE PARKS, INC



Principal Place of Business

**84371 OVERSEAS HIGHWAY
ISLAMORADA FL 33036**

Mailing Address

**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

Zip

Country

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

**MIKLAS, JOE
MILE MARKER 88.7
TAVERNIER FL 33070**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ETHERIDGE, BRANDY	
STREET ADDRESS	P. O. BOX 52	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRELLA, CATHY	
STREET ADDRESS	PO BOX 1866	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, KATHLEEN	
STREET ADDRESS	148 GARDENIA STREET	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLOSE, CATHY	
STREET ADDRESS	LONG KEY STATE PARK, PO #776	
CITY-ST-ZIP	LONG KEY FL 33001	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELLS, PAT	
STREET ADDRESS	POST OFFICE BOX 1052	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRUNT, DONNA	
STREET ADDRESS	102 MOHAWK STREET	
CITY-ST-ZIP	TAVERNIER FL 33070	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Sylvester	
STREET ADDRESS	166 Gulfview Dr	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Strobel	
STREET ADDRESS	165 Coral Rd	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luciann Niebler-Spore	
STREET ADDRESS	193 El Capitan Dr	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Skip Haring	
STREET ADDRESS	PO Box 653	
CITY-ST-ZIP	Long Key, FL 33001	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Rechwerdt	
STREET ADDRESS	PO Box 86	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susane Baldwin	
STREET ADDRESS	237 Toll Gate Blvd	
CITY-ST-ZIP	Islamorada, FL 33036	

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-Spore, Treas. 5/1/03 305-664-5241

CR2E037 (10/02)