

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28892

1. Entity Name

TRAIL FRIENDS, INC.

Principal Place of Business

Mailing Address

C/O 235 E. MAGNOLIA STREET
BOX 126
WINDERMERE FL 34786

C/O 235 E. MAGNOLIA STREET
P.O. BOX 126
WINDERMERE FL 34786-0126
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

59-2833179

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

CARTER, VERA
235 E. MAGNOLIA ST., BOX 126
WINDERMERE FL 34786

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	D	<input type="checkbox"/> Delete
NAME	BURCH, LORRAINE	
STREET ADDRESS	101 N. CROSS STREET	
CITY-ST-ZIP	OAKLAND FL 34760	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, VERA	
STREET ADDRESS	235 E. MAGNOLIA ST., BOX 126	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNKEL, RICHARD	
STREET ADDRESS	1162 POINTE NEWPORT TERR., #202	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, JIM	
STREET ADDRESS	1409 TILDEN RD.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, GREY	
STREET ADDRESS	331 N. MAITLAND AVE., D4	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

Vera M. Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/2000

407-876-2859



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

UBR-000001

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90186 005 ****61.25