

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90333 017 \*\*\*\*61.25

**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  
 US~~

2. Principal Place of Business

**2314 Hillside Drive**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Same**

City & State

**MT. DORA, FL.**

Zip

Country

Zip

Country

**32757**

**LAKE**

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

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

7. Name and Address of New Registered Agent

Name **Richard Dunkel**

Street Address (P.O. Box Number is Not Acceptable)

**2314 Hillside Drive**

City **MT. DORA**

FL

Zip Code **32757**

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.

**Richard Dunkel**

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BURCH, LORRAINE**  
 CITY-ST-ZIP **101 N. CROSS STREET,  
 OAKLAND FL 34760**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CARTER, VERA**  
 CITY-ST-ZIP **235 E. MAGNOLIA ST., BOX 126  
 WINDERMERE FL 34786**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DUNKEL, RICHARD**  
 CITY-ST-ZIP **1182 PONTE NEWPORT TERR., #202  
 CASSELBERRY FL 32707**

TITLE ☒ Change ☐ Addition  
 NAME **President**  
 STREET ADDRESS **Richard Dunkel**  
 CITY-ST-ZIP **2314 Hillside Dr.  
 MT. DORA, FL 32757**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **THOMAS, JIM**  
 CITY-ST-ZIP **1409 TILDEN RD.  
 WINTER GARDEN FL 34787**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WILSON, GREY**  
 CITY-ST-ZIP **331 N. MATLAND AVE., D4  
 MATLAND FL**

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:

**Vera Carter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**

**407-876-2859**

Date Daytime Phone #

CR2E037 (9/01)