2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name					וֹאָוֹנ	SECRETARY OF STATE DIVISION OF CORPORATIONS				
THE FRIENDS OF FORT COOPER, INC.						1 JUN -4		•		
Principal Place of Business 3100 SOUTH OLD FLORAL CITY ROAD		Mailing Address 3100 SOUTH OLD FLORAL CITY ROAD								
inverness f	L 34450	INVERNESS FL 34450			4 10 0 1110 1	18 8 114 81 41 81 9 14 8 41 841	DII BAİL DIALI GLALI DI	G() SYD)(B)(III Bib ii I bb i	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-2978381		-	plied For t Applicable	
Zip	Country	Zip	Cour	ntry		f Status Desired	Fee	.75 Add Required		
	6. Name and Address of Current	Registered Agent		Nome	7. Name and A	ddress of New I	Registered Age	nt		
				Name 70	ANN C	MAND	LER			
					ess (P.O. Box Number	is Not Acceptable		CIT	4 RD	
3100 OLD FLORAL CITY RD.				21	00 OF	D F LO	1011	<u> </u>	1 100	
INVERNESS FL 34450										
				City N	UERNE!	55	ˈ FL ˈ	Zip Code	150	
8. The above	named entity submits this statement fo	r the purpose of changing its i	registere				orida.			
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	January ("	O_{1} max ~ 0 O_{1} \sim				•	5-31-	~ 1		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered	Agent signature re	equired when reinstating)		DATE			
		· · · · · · · · · · · · · · · · · · ·			· •				,	
	FILE NOW:	9. Election Campaign	Financin	a ¢	55.00 May Be	Mak	e Check Pay	ahla in	·	
	FEE IS \$61.25	ΨΟ.			dded to Fees					
							<u> </u>			
10.	OFFICERS AND DIF		11.		ADDITIONS/CHAI	NGES TO OFFICE	·			
TITLE NAME	CUNLIFFE, THOMAS	☐ Delete	TITLE				{	Change	☐ Addition	
STREET ADDRESS	307 WASHINGTON AVE		NAME	T ADDRESS						
CITY-ST-ZIP	INVERNESS FL 34450		CITY-S		t .					
TITLE	DV	☐ Delete	TITLE		.			Change	☐ Addition	
NAME	MACMACKEN, ALTON A	- Delete	NAME	'				Change	Modition	
STREET ADDRESS	3892 W WHIPPORILL ST			T ADDRESS						
CITY-ST-ZIP	LECANTO FL 34461	<u>and the second of the second </u>	CITY-S	ST-ZIP				<u> </u>	2	
TITLE	D	☐ Delete	TITLE					Change	Addition	
NAME	PETTY, WILMA		* NAME	.]						
STREET ADDRESS	121 TROUT ST		4	T ADDRESS.						
CITY-ST-ZIP	INVERNESS FL 34450		CITY-S	SI-ZIP						
TITLE	D	☐ Delete	TITLE	ŀ			می(ری□	Change	Addition	
NAME STREET ADDRESS	MITCHELL, HARRY 3100 OLD FLORAL CITY RD		NAME	T ADDRESS		\	17 4 2101			
CITY-ST-ZIP	INVERNESS FL 34450		CITY-S				יועשוי			
TITLE	TD	☐ Delete	TITLE				\vdash	Change	Addition	
NAME	CHANDLER, JOANN		NAME				1	viiairyc		
STREET ADDRESS	6162 RECTOR ST		STREET	ADDRESS						
CITY-ST-ZIP	INVERNESS FL 34452		CITY-S	ST-ZIP						
TITLE	SD	Delete	TITLE '	SD P	hullis Mis	Surath		Change	Addition	
NAME	KARIBO, BARBARA		NAME	'	hyllis Me 110 Hemla	مار ج ا		•		
STREET ADDRESS	8821 E ROSEMONT ST									
CITY-ST-ZIP INVERNESS FL 34450 12. I hereby certify that the information supplied with this filing does not qualify for the experiments of the ex			CITY-S		Invernes					
	بطفان السمال مستنصب مستقسم سمامين مطفقه مطفي والعامون	Abin filing dance and acceptable for a	the ever	i basasa aaisa	a Caption 440 07/01/01	Florido Ctotutos	1. E at Language and the same			

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:

SICH SEUTEN SICH S

3-24-01





Department of Environmental Protection

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

David B. Struhs Secretary

May 3, 2001

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 Fort Cooper, 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.

Sincerely,

Fran P. Mainella, CPRP

Director

Division of Recreation and Parks

FPM/pwb

Attachments