

2002 UNIFORM BUSINESS REPORT (UBR)

0087321

DOCUMENT # N31240

1. Entity Name

THE FRIENDS OF FORT COOPER, INC.

Principal Place of Business

3100 SOUTH OLD FLORAL CITY ROAD
INVERNESS FL 34450

Mailing Address

3100 SOUTH OLD FLORAL CITY ROAD
INVERNESS FL 34450

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2978381

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, JOANN
3100 OLD FLORAL CITY RD.
INVERNESS FL 34450

7. Name and Address of New Registered Agent

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

TITLE PD
NAME CUNLIFFE, THOMAS
STREET ADDRESS 307 WASHINGTON AVE
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE DV
NAME MACMACKEN, ALTON A
STREET ADDRESS 3892 W WHIPPORILL ST
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE D
NAME PETTY, WILMA
STREET ADDRESS 121 TROUT ST
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE D
NAME MITCHELL, HARRY
STREET ADDRESS 3100 OLD FLORAL CITY RD
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE TD
NAME CHANDLER, JOANN
STREET ADDRESS 6162 RECTOR ST
CITY-ST-ZIP INVERNESS FL 34452 ☒ Delete

TITLE SD
NAME MCGRATH, PHYLLIS
STREET ADDRESS 110 HEMLOCK ST
CITY-ST-ZIP INVERNESS FL 34452 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME KELLY, DONALD
STREET ADDRESS 1417 POE STREET
CITY-ST-ZIP INVERNESS, FL. 34450 ☐ Change ☒ Addition

TITLE D
NAME BLYLER, HOWARD
STREET ADDRESS 1403 POE STREET
CITY-ST-ZIP INVERNESS, FL. 34450 ☐ Change ☒ Addition

TITLE D
NAME SEAMAN, FRANK
STREET ADDRESS 501 HAIWATHA AVE
CITY-ST-ZIP INVERNESS, FL. 34452 ☐ Change ☒ Addition

TITLE D
NAME NERSASIAN, ARTHUR
STREET ADDRESS 4449 S. OLD FLORAL CITY RD.
CITY-ST-ZIP INVERNESS, FL. 34452 ☐ Change ☒ Addition

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

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

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:

Thomas Cunliffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02 352-341-0830

Date

Daytime Phone #

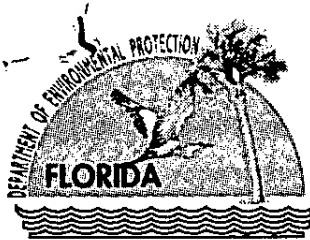
CR2E037 (9/01)

LETTERS OF STATE
VISION OF CORPORATIONS

02 FEB 28 PM 5:04



DO NOT WRITE IN THIS SPACE



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 27, 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 The 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.

Warmest regards,

Wendy Spencer, Director
Florida State Parks

WB/pwb

Attachments