

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32677

1. Entity Name

FLORIDA PARK SERVICE ALUMNI ASSOCIATION, INC.

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

01-18-2000 90114 021 ****61.25

Principal Place of Business

Mailing Address

ATTN: JUDITH MAXWELL
P.O. BOX 1247
HIGH SPRINGS FL 32655

ATTN: JUDITH MAXWELL
P.O. BOX 1247
HIGH SPRINGS FL 32655-1247

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3120552

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OSWALD, JANIS M.
8153 OLD SPANISH TRAIL
SNEADS FL 32460

Name

Maxwell, Judith

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

Route 2, Box 1010

City

High Springs

FL

Zip Code
32643

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

Judith Maxwell

Judith Maxwell, Secretary

01/06/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CARTER, DOUG
5423 SHORE DR
ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BURCH, JAMES L.
61 ROZENA LOOP
HAVANA FL 32333 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Domroski, Richard
2629 Royal Palm Drive
Edgewater FL 32142 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
OSWALD, JANIS M.
8153 OLD SPANISH TRAIL
SNEADS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Maxwell, Judith
Route 2, Box 1010
High Springs, FL 32643 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
COOK, SANDY
550 WAKULLA PARK DR
WAKULLA SPRINGS FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
Rundle, Robert
1421 Moseley Avenue
Palatka, FL 32177 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Judith Maxwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2000

(352) 955-2135

Date

Daytime Phone #

CR2E037 (9/99)