

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32677

1. Entity Name

FLORIDA PARK SERVICE ALUMNI ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MAXWELL, JUDITH
ROUTE 2, BOX 1010
HIGH SPRINGS FL 32643

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

TITLE DV ☐ Delete
NAME DOMROSKI, RICHARD
STREET ADDRESS 2629 ROYAL PALM DR
CITY-ST-ZIP EDGEWATER FL 32142

TITLE DS ☐ Delete
NAME MAXWELL, JUDITH
STREET ADDRESS ROUTE 2, BOX 1010
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE DT ☐ Delete
NAME RUNDLE, ROBERT
STREET ADDRESS 1421 MOSELEY AVE
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

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

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90340 024 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3120552 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)

3/1/01 (386) 955-2135
Date Daytime Phone #