

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90045 007 ****61.25

DOCUMENT # N32677

1. Entity Name

FLORIDA PARK SERVICE ALUMNI ASSOCIATION, INC.

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

2. Principal Place of Business

558 S.W. Maxwell Court

Suite, Apt. #, etc.

3. Mailing Address

558 S.W. Maxwell Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort White, Florida

City & State

Fort White, Florida

4. FEI Number

59-3120552

Applied For

Not Applicable

Zip

32038

Country

USA

Zip

32038

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 **Maxwell, Judith**
Street Address (P.O. Box Number is Not Acceptable)
558 S.W. Maxwell Court

City **Fort White** **FL** Zip Code **32038**

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 **DV** ☐ Change ☒ Addition
NAME **Cook, Sandy**
STREET ADDRESS **460 Wakulla Park Drive**
CITY-ST-ZIP **Wakulla Springs, FL 32327**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **558 S.W. Maxwell Court**
CITY-ST-ZIP **Fort White, FL 32038**

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

4/5/02 (352)955-2135
Date Daytime Phone #

CREE037 (9/01)