

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33061

1. Entity Name

FRIENDS OF ST. SEBASTIAN RIVER, INC.

Principal Place of Business

12315 ROSELAND ROAD
SEBASTIAN FL 32957

Mailing Address

P.O. BOX 284
ROSELAND FL 32957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0187881

Applied For

Not Applicable

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

EVANS, JOHN G.
11155 ROSELAND ROAD
UNIT 1
SEBASTIAN FL 32957

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 GLOVER, TIM
STREET ADDRESS 9660-3 ESTUARY WAY
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE VD
NAME STIEGLITZ, LYNN
STREET ADDRESS P O BOX 780530
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE SD
NAME BOWMAN, MARGARET
STREET ADDRESS P.O. BOX 783 N/A
CITY-ST-ZIP WALASSO FL 32970 ☐ Delete

TITLE TD
NAME WEGEL, FRANK
STREET ADDRESS 8060 142ND ST
CITY-ST-ZIP SEBASTIAN FL 32958 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TD
NAME KILKELLY, SHIRLEY
STREET ADDRESS 950 Franciscan Ave.
CITY-ST-ZIP Sebastian, FL 32958 ☒ 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:

SHIRLEY H. KILKELLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY H. KILKELLY

1/10/01

(561)589-5062

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90107 005 ****61.25

00000040



DO NOT WRITE IN THIS SPACE

0030695

CR2E037 (10/00)