

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35104

1. Entity Name

BARRIER ISLAND PARKS SOCIETY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -2 PM 2:50

Principal Place of Business

Mailing Address

880 BELCHER ROAD
C/O BARRIER IS. GEO PARK
BOCA GRANDE FL 33921

P.O. BOX 637
BOCA GRANDE FL 33921
US

2. Principal Place of Business

3. Mailing Address

880 BELCHER ROAD

Suite, Apt. #, etc.
C/O BARRIER IS. GEO PARK

City & State
BOCA GRANDE, FL

Zip
33921

Country
US

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0327405

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

FERLAND, NORMAND E
154 SHEEP SHANK CT.
BOCA GRANDE FL 33921

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

NORMAND E. FERLAND, TREAS.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/01

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 | D BERGER, FRED P.O. BOX 982 NA BOCA GRANDE FL 33921 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D HOECKEL, MARILYN 16 DOWNING ST GROVE CITY FL 34287 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DYCHE, DAVID 128 CARRICK BEND LANE BOCA GRANDE FL 33921 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, KAREN S 301 PARK AVE BOCA GRANDE FL 33921 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIETRICH, PEGGY P.O. BOX 757 NA BOCA GRANDE FL 33921 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D REEFE, NORA LEA 132 CARRICK BEND LANE BOCA GRANDE FL 33921 | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D MEANWELL, WALTER P.O. BOX 1377 NA BOCA GRANDE, FL 33921 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D FERLAND, NORMAND E. 154 SHEEP SHANK CT. BOCA GRANDE, FL 33921 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

NORMAND E. FERLAND, TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/01

Date

941-964-4162

Daytime Phone #

CR2E037 (10/00)



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 30, 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 Barrier Island Park Society, 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.

Sincerely,

Fran P. Mainella, CPRP
Director
Division of Recreation and Parks

FPM/pwb

Attachments