

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38388

1. Entity Name

FRIENDS OF MACARTHUR BEACH STATE PARK, INC.

FILED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATION

02 FEB 21 PM 4:52



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 10900 SR 703 (A-1-A) N PALM BCH FL 33408 | Mailing Address 10900 SR 703 (A-1-A) N PALM BCH FL 33408 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | | |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number 65-0196497 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**THOBURN, THEODORE
 2401 PGA BLVD
 STE 498
 PALM BCH GARDENS FL 33410**

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 | PD | <input type="checkbox"/> Delete |
| NAME | FOCHT, LYNN M | |
| STREET ADDRESS | 4100 RCA BLVD., SUITE 100 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | OMURA, KITTY | |
| STREET ADDRESS | 11911 U.S. HIGHWAY ONE, SUITE 207 | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | THOBURN, THEODORE | |
| STREET ADDRESS | 2401 PGA BLVD., SUITE 198 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MURRAY, ELIZABETH K | |
| STREET ADDRESS | 637 LAKESIDE DRIVE | |
| CITY-ST-ZIP | NORTH PALM BEACH FL 33408 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | HOPKINS, MARY S | |
| STREET ADDRESS | 9121 N. MILITARY TRAIL, #222 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

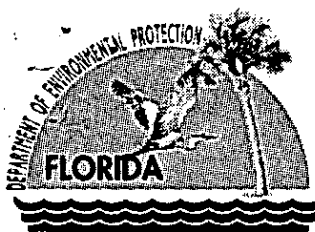
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *W. MURRAY* **SIGNATURE REQUIRED** *2-6-02*

CR2E037 (9/01)



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 21, 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 Friends of MacArthur Beach State Park, 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 Wernkli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Warmest regards,

Wendy Spencer, Director
Florida State Parks

WB/pwb

Attachments