

2000 UNIFORM BUSINESS REPORT (UBR)

0000006

DOCUMENT # N48927

1. Entity Name

FRIENDS OF FORT CLINCH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 PM 12:23

1062

Principal Place of Business

1784 DRURY RD.
FERNANDINA BEACH FL 32034

Mailing Address

2601 ATLANTIC AVE.
FERNANDINA BEACH FL 32034-2203

2. Principal Place of Business

2601 ATLANTIC AVE.

3. Mailing Address

Same

City & State

FERNANDINA BEACH, FL

City & State

4. FEI Number

59-3126070

Applied For

Not Applicable

Zip

Country

32034-2203

NASSAU

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, CLIFF
2601 ATLANTIC AVE
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name MARY ROBERTS

Street Address (P.O. Box Number is Not Acceptable)

1040 BLACHE ST.

City

JACKSONVILLE

FL

Zip Code

32210

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 registering)

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 COTTOM, SHERRY
STREET ADDRESS 1784 DRURY ROAD
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☒ Delete

TITLE SD
NAME LAURAMORE, ANITA
STREET ADDRESS 4948 SEABOARD AVE.
CITY-ST-ZIP JAX FL 32210 ☐ Delete

TITLE PD
NAME WATTS, MARY
STREET ADDRESS 2441 TULSA RD. N.
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D
NAME HUGHES, JIM
STREET ADDRESS RT. 2 BOX 1243
CITY-ST-ZIP STARKE FL 32091-9529 ☐ Delete

TITLE TD
NAME CHRIS Oakey
STREET ADDRESS 630 CAMPBELL Terrace Drive
CITY-ST-ZIP Neptune Beach, FL. 32266 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARY ROBERTS
STREET ADDRESS 1040 BLACHE ST.
CITY-ST-ZIP JAX. FL. 32210 ☐ Change ☒ Addition

TITLE D
NAME Mitch Price
STREET ADDRESS 7960 103rd St. #503
CITY-ST-ZIP JAX. FL 32210 ☐ Change ☒ Addition

TITLE D
NAME Tom Welch
STREET ADDRESS 11718 FRANCIS DRAKE DR.
CITY-ST-ZIP JAX. FL. 32225 ☐ Change ☒ Addition

TITLE D
NAME FAYE Welch
STREET ADDRESS 11718 FRANCIS DRAKE DR.
CITY-ST-ZIP JAX. FL 32225 ☐ Change ☒ Addition

TITLE DV
NAME DEAN LAURAMORE
STREET ADDRESS 4948 SEABOARD AVE.
CITY-ST-ZIP JAX. FL. 32210 ☐ Change ☒ Addition

TITLE D
NAME SAMANTHA OFELDT
STREET ADDRESS PO Box 6405
CITY-ST-ZIP FERNANDINA BEACH, FL. 32035-6405 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

904-771-1662

Daytime Phone #

CR2E037 (9/99)



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

March 28, 2000

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Friends of Fort Clinch, 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.

Sincerely,

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

FPM/paw

Attachments

2000 UNIFORM BUSINESS REPORT (UBR)

2/23/00-90027-033-\$150.00-\$150.00

DOCUMENT # P99000006486 (Original Accidentally)

1. Entity Name

SALEFISH REALTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 11:08

Principal Place of Business

Mailing Address

532 EAST OCEAN AVENUE 532 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435-4924

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

65-0888240

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Beckerman, David M. Esq.
1200 North Federal Highway, Suite 320
Boca Raton, FL 33432

Name: KRISTEN DAWN CONTI

Street Address (P.O. Box Number is Not Acceptable)
532 EAST OCEAN AVENUE

City BOYNTON BEACH

FL

Zip Code 33435

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

Kristen D. Conti

Kristen D. Conti

1-24-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME KATHLEIN AMORIOGE
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME DIRECTOR
STREET ADDRESS DAVID JAMES CONTI
CITY-ST-ZIP 532 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435

Change Addition

TITLE NAME PRESIDENT
STREET ADDRESS KRISTEN DAWN CONTI
CITY-ST-ZIP 532 EAST OCEAN AVENUE
BOYNTON BEACH, FL 33435

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kristen D. Conti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

561-738-6663

Daytime Phone #