

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51020

1. Entity Name

FRIENDSHIP SOCIETY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90141 035 ****61.25

00040710



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 REID STREET (REAR)
PALATKA FL 32177

Mailing Address
P.O. BOX 250 C/O W.L. TOWNSEND JR.
PALATKA FL 32178-0250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3155511

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TOWNSEND JR., WILLIAM L
200 REID STREET
CAPITAL CITY BANK BLDG
PALATKA FL 32177

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	STEMBLER, WALLACE	RT 1 BOX 428	EAST PALATKA FL 32131	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ROCK, SUE	HC1 BOX 450 119	SATSUMA FL 32193	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SMITH, TIM	614 RIVER ST	PALATKA FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CAMPBELL, DEAN	419 HICKORY ACRES LN	JACKSONVILLE FL 32259	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	VIGH, BEVERLY	111 CRICKETT AVENUE	PALATKA FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	BLACK, BETTY	RT 3, BOX 5820	PALATKA FL 32177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

Walter P. DeFuria Pres, March 15, 2000 904-328-6546

CR2E037 19/99