## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

13180 NORTH 4-1-4

## DOCUMENT # N92000000997

1. Entity Name

13180 NORTH A-1-A

Principal Place of Business

FRIENDS OF SEBASTIAN INLET STATE PARK, INC.



## **FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90156 028 \*\*\*\*61.25

VERO BEACH FL 32963			VERO BEACH FL 32963				•,				
2. Principal	Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			0.4- 4-4 8					A115 AB111 AB111 B		1111 1991 1991	
Julie, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			000104104			oplied For	
Zip	Zip Country Zip (				ntry	5. Certifica	Not Applicable  5. Certificate of Status Desired				
	6. Name and A	ddress of Current i	Registered Agent		*-	7. Name and Address of New Registered Agent					
					Name		TO COST OF THE STATE OF THE STA	giotorea Age		<del>/</del>	
DAVIS, KRIS H 1423 S PATRICK DR					Street Address (P.O. Box Number is Not Acceptable)						
SATELLI	TE BEACH FL 329	37		Ť						·	
				-	City	·		<u> </u>	Zip Cod		
9 The electric					•			FL			
the obliga	ations of registered a	gent.	the purpose of changing	its registere	d office or re	egistered agent, or l	both, in the State of Flori	da. I am fam	iliar with,	and accept	
SIGNATURE											
	Signature, typed or pranted	I name of registered agent a	nd title if applicable. (N	IOTE: Registered	Agent signature	e required when reinstating)		DATE	7.3		
	FILE NOW: FEE			Campaign Fird Contributio		\$5.00 May Added to Fe		e Check P Departme			
10.	X TREASU	OFFICERS AND DIR	<del> </del>	11			CHANGES TO OFFICERS	AND DIREC	TORS IN	10	
TITLE NAME	MARSHALL, FRE		☐ Delete	TITLE		D Kaank Pun	of a		Change	Addition	
STREET ADDRESS	1000 11-001	J. 11011		NAME STREET	ADDRESS	KMAK, BHR 612 Baiba	sirn				
CITY-ST-ZIP	MELBOURNE BE	ACH FL 32951		CITY-S			FL 32958				
TITLE	X PRESIDE		☐ Delete	TIŢLE	D	)	7 - 2 - 1		Change	Addition	
NAME	PASLEY, DAVID			NAME	V	NOTRING, BU 133 Hope T	EVERLY		- analys	A	
STREET ADDRESS CITY-ST-ZIP	4740 S HWY A1/ MELBOURNE BE		****		ADDRESS 6	533 Hope	fown Rand				
	S S	HUTI-FE 32931					,FL 32976				
TITLE Name	MEERBOTT, ROS	E MARIE	☐ Delete	TITLE NAME		, n° CENZIE (	CLINTON		Change	🔀 Addition	
STREET ADDRESS	406 ANCHOR KE				ADDRESS	9700 So. HI	4				
CITY-ST-ZIP	MELBOURNE BE	ACH FL 32958		CITY-S	T-ZIP A	MEZBOURNE ,	REACH, FL 324	951			
TITLE	VP		Delete	TITLE	t				Change	Addition	
NAME	UNDERHLL DAVID		, ,	NAME	1	3ASHWINE	2,50eri		viiwigo	EN MUNICIPAL T	
STREET ADDRESS SITY-ST-ZIP	3586 MARSHA L VERO BEACH FL					700 Universi					
	X VPLESIO		· · · · · · · · · · · · · · · · · · ·	. CITY-S	I-ZIP	TUNO BECICA	-,FL 33048				
NAME	BENDER, SHELD		☐ Delete	TITLE NAME		2			Change	Addition	
	295 HERON DR				ADDRESS A	COSASCO,	SMIES				
	MELBOURNE BE/	NCH FL 32951		CITY-ST	-ZIP	680 30.11	WY ALA E CEACH, FL	3700	1		
TILE	D		□ Delete	TITLE	- 15	MELOXULA	E DEMUN, PU	_ /2/3	Change	Addition	
IAME	ARMSTRONG, DO			NAME	Š	TOVALL, S 425 SO. H	HETLRIE	Ļ	iarig¤	ACCOUNTED IT	
	1618 EMMANS R				ADDRESS 6	425 SU. H	WY HIA				
ITY-ST-ZIP	PALM BAY FL 32	<del>/</del> U/		CITY-ST	-7IP   1	11 1 Course 14	e REMAN CI	2745-1		i	

2. 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: