

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003176

1. Entity Name

FRIENDS OF FLORIDA STATE PARKS, INC.

Principal Place of Business

Mailing Address

C/O DEPT. OF ENV. PROT.
3900 COMMONWEALTH BLVD. MS535
TALLAHASSEE FL 32399

P.O. BOX 6633
TALLAHASSEE FL 32314-6633

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

59-3207818

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

WERNDL, PHILLIP A
FL. DEPT. OF ENVIRONMENTAL PROTECTION
3900 COMMONWEALTH BLVD. MS 535
TALLAHASSEE FL 32399

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 **TD** ☐ Delete
NAME **GRACE, WILLIAM H**
STREET ADDRESS **1326 MELA LEVEN LANE**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **PD** ☒ Delete
NAME **WATERSON, TERRY**
STREET ADDRESS **4100 RCA BLVD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SD** ☒ Delete
NAME **NELSON, MITZI**
STREET ADDRESS **RT. 2 BOX 441**
CITY-ST-ZIP **MCCLENNY FL 32063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD John D. Penna** ☒ Change ☐ Addition
NAME **J.**
STREET ADDRESS **16445 SW 80th Ave.**
CITY-ST-ZIP **Miami, Florida 33157**

TITLE **SD Frank J. Cubo** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7441 SW 125th Ave**
CITY-ST-ZIP **Miami, Florida 33183**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE WERNDL Grace Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 25 AM 10:20



DO NOT WRITE IN THIS SPACE

(941) 334-8851

1/18/00