2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003176 1. Entity Name							ю и	N. A.	
FRIÉNDS OF FLORIDA STATE PARKS, INC.						TVISION OF COMPONATION			
Principal Place	e of Business	Mailing Address	ailing Address			02 MAR 12 AM 11:21			
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.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	4. FEI Number Applied For Not Applicable			
Zip Country		Zip Cou		у			\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
				Street Address (P.O. Box Number is Not Acceptable)					
	IICHAEL FPS MONWEALTH BLVD. MS 535								
TALLAHAS	SEE FL 32399		City			FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office						agent, or both, in the	state of Florida.	I	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reconstruction) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11.					\$5 □ Ad	\$5.00 May Be Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
10.	OFFICERS AND DIF	Delete	TITLE	J	P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
	LIVINGSTON, RALPH 3745 BLUE HERON FORT MYERS FL 33908		NAME STREET A CITY-ST	1.1	. ~ E				}
NAME	LEPPERT, JACK 630 RIVER PLANTATION ROAD CRAWFORDVILLE FL 32327	☐ Delete	TITLE NAME STREET A	ADDRESS	PD			Change	Addition
	BRYANT, MICHAEL 26 SANCHEZ AVE ST AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET A	ADDRESS	OV			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 AUGUSTINE PE 32004	☐ Delete	TITLE NAME STREET A		/	ANI		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	address -Zip	(Airl		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A	ADDRESS -ZIP			la Statuta a Lividhar a	☐ 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:



Department of Environmental Protection

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

David B. Struhs Secretary

March 11, 2002

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 Florida State Parks, 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 Werndli 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