2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N93000005017 SECRETARY OF STATE
OILVISION OF CORPORATIONS 1. Entity Name FRIENDS OF THE MYAKKA RIVER, INC. 01 APR -2 PM 2: 42 Principal Place of Business Mailing Address 193) CLEMATIS ST 1930 CLEMATIS ST SARASOTA FL 34239 SARASOTA FL 34239 ÷ 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. FEI Number Applied For 65-0448875 Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JELKS, MARY L 1930 CLEMATIS ST SARASOTA FL 34239 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE Change JELKS, MARY L NAME NAME 1930 CLEMATIS ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP DV TITLE ☐ Delete TITLE Addition ☐ Change HERZOG, CLAIRE NAME -NAME 2770 LENA LANE STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIE CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition REEDER, GAIL NAME NAME 4694 PINE GREEN TR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP Membership chair ☐ Delete TITLE ☐ Change ☐ Addition WILCOX, LEAH NAME NAME 1312 SOUTH ORANGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP Cheryl Rhodes Cavanarge co. 1605 Mainst. TITLE ☐ Delete TITLE Change Addition NAME 1 NAME STREET ADDRESS STREET ADDRESS Sara sota FL 34236 CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MUNICIPAL SIGNATURED MARY L JEIKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/16/01

941 366-0446

Change

☐ Addition

Daytime Phone #



Department of Environmental Protection

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

David B. Struhs Secretary

March 30, 2001

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 Myakka River, 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.

Sincerely,

Fran P. Mainella, CPRP

Director

Division of Recreation and Parks

FPM/pwb

Attachments