

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001593

1. Entity Name

FRIENDS OF BIG LAGOON/PERDIDO KEY, INC.

Principal Place of Business

12301 GULF BEACH HWY.
PENSACOLA FL 32507
US

Mailing Address

P.O. BOX 34223-4223
PENSACOLA FL 32507
US

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

59-3224820

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

~~Joseph Smyth, Joseph E.~~
~~SMITH, JOE~~
PARK MANAGER, BIG LAGOON ST. REC AREA
12301 GULF BEACH HWY.
PENSACOLA FL 32507

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 ~~PD~~ ☐ Delete
NAME HOFFMAN, ALBERT C
STREET ADDRESS 5540 GRANDE LAGOON BLVD
CITY-ST-ZIP PENSACOLA FL 32507-9005

TITLE ~~PD~~ ☒ Change ☐ Addition
NAME HOFFMAN ALBERT C
STREET ADDRESS 5540 GRANDE LAGOON BLVD
CITY-ST-ZIP PENSACOLA FL 32507-9005

TITLE DV ☒ Delete
NAME JOHNSTON, GRACIE
STREET ADDRESS 11529 GULF BEACH HWY
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ~~PD~~ ☐ Change ☒ Addition
NAME JERRY BEN-DOV
STREET ADDRESS 13599 PERDIDO KEY DR. T-PH3B
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete
NAME BELIN, KATHLEEN
STREET ADDRESS 1056 BONITA DR
CITY-ST-ZIP PENSACOLA FL 32507

TITLE SD ☒ Change ☐ Addition
NAME BELIN KATHLEEN
STREET ADDRESS 1056 BONITA DR.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE TD ☒ Delete
NAME HOFFMAN, ROSA D
STREET ADDRESS 5540 GRANDE LAGOON BLVD
CITY-ST-ZIP PENSACOLA FL 32507-9005

TITLE VD ☐ Change ☒ Addition
NAME MARION WILLIAMS PH.D.
STREET ADDRESS 1300 TOBIAS RD.
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE D ☐ Change ☒ Addition
NAME William GILBERT
STREET ADDRESS 6901 CORYDALE DR.
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE D ☐ Change ☒ Addition
NAME Russell PAUL
STREET ADDRESS 5603 PONTE VERDE RD
CITY-ST-ZIP PENSACOLA FL 32571

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

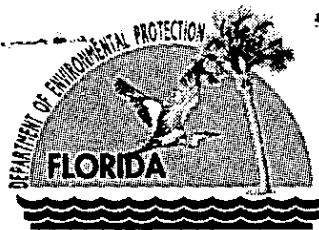
Date

Daytime Phone #

CR2E037 (9/01)

252

Department of Environmental Protection



Jeb Bush
Governor

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

David B. Struhs
Secretary

May 20, 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 Big Lagoon/Perdido Key, 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