

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

DOCUMENT # N94000001593

1. Entity Name

FRIENDS OF BIG LAGOON/PERDIDO KEY, INC.



FILED
03 MAY 21 AM 8:46

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

SMYTH, JOSEPH E
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, ALBERT C	
STREET ADDRESS	5540 GRANDE LAGOON BLVD	
CITY-ST-ZIP	PENSACOLA FL 32507-9005	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEN-DOV, JERRY	
STREET ADDRESS	13599 PERDIDO KEY DR., T-PH38	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELIN, KATHLEEN	
STREET ADDRESS	1056 BONITA DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARION PH.D.	
STREET ADDRESS	1300 TOBIAS ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, WILLIAM	
STREET ADDRESS	6901 CORRYDALE DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, RUSSELL	
STREET ADDRESS	5603 PONTE VEDRE RD.	
CITY-ST-ZIP	PENSACOLA FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GERARD E. SASSER, JR. 1/28/03 251-974-5000

Typed or printed name of signing officer or director

Date

Daytime Phone #



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 13, 2003

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner,

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 fees 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 245-3098.

Warmest regards,

Wendy Spencer, Director
Florida Park Service

WS/pwb

Attachments