

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001204**

1. Entity Name

FRIENDS OF THE STYLEMARCHERS, INC.

Principal Place of Business

**1201 EGLIN PARKWAY
SHALIMAR FL 32579**

Mailing Address

**1201 EGLIN PARKWAY
SHALIMAR FL 32579**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579**

7. Name and Address of New Registered Agent

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	HEMMER, ALLEN R.	
STREET ADDRESS	22 MAPLE AVE.	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, JEFFERY C.	
STREET ADDRESS	200 DEVON COURT	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONNER, TRACY W.	
STREET ADDRESS	200 RACETRACK RD.	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEET, H. BART	
STREET ADDRESS	1201 EGLIN PARKWAY	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEARNS, ALLEN	
STREET ADDRESS	908 MIDDLE DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KENT, BARBARA	
STREET ADDRESS	648 MERRIONETH DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL	

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: *Barbara A. Kent, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90321 042 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)