

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001302

1. Entity Name

FRIENDS OF THE LOXAHATCHEE RIVER, INC.

Principal Place of Business

2500 JUPITER PARK DRIVE
JUPITER FL 33458-8964

Mailing Address

2500 JUPITER PARK DRIVE
JUPITER FL 33458-8962

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

SHENKMAN, CURTIS L
DESANTIS, GASKILL, SMITH & SHENKMAN
11891 U.S. HIGHWAY ONE
N PALM BEACH FL 33408

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 D ☐ Delete
NAME RICH, JEFFERY
STREET ADDRESS 2500 JUPITER PARK DRIVE
CITY-ST-ZIP JUPITER FL 33458-8964

TITLE D ☐ Delete
NAME ELLIS, JOSEPH O
STREET ADDRESS 2500 JUPITER PARK DRIVE
CITY-ST-ZIP JUPITER FL 33458-8964

TITLE D ☐ Delete
NAME DENT, RICHARD C III
STREET ADDRESS 2500 JUPITER PARK DRIVE
CITY-ST-ZIP JUPITER FL

TITLE D ☐ Delete
NAME HOLMES, LORING E
STREET ADDRESS 2500 JUPITER PARK DRIVE
CITY-ST-ZIP JUPITER FL

TITLE D ☐ Delete
NAME YERKES, CLINTON R
STREET ADDRESS 2500 JUPITER PARK DRIVE
CITY-ST-ZIP JUPITER FL

TITLE D ☐ Delete
NAME ROSTOCK, MATT H
STREET ADDRESS 2500 JUPITER PARK DRIVE
CITY-ST-ZIP JUPITER FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Richard Sheehan
STREET ADDRESS 2500 Jupiter Park Drive
CITY-ST-ZIP Jupiter, FL 33458-8964

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard C. Dent, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Dent, II 1/4/00 561-747-5700

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90002 034 ****61.25

CR2E037 (9/99)