

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001823

1. Entity Name

FRIENDS OF RAVINE GARDENS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 25 AM 10:18

Principal Place of Business

Mailing Address

1600 TWIGG STREET
PALATKA FL 32177

1600 TWIGG STREET
PALATKA FL 32177-5637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3322898

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STRATMAN, LINDA
1600 TWIGG STREET
P. O. BOX 1096
PALATKA FL 32178

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 Linda Stratman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-12-2000

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 ☐ Delete
NAME HANCOCK, WILLIAM B
STREET ADDRESS 1400 HARGROVE ST.
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME HEDSTROM, EDWARD
STREET ADDRESS 601 ST JOHNS AVE
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME CONLEE, JOYCE
STREET ADDRESS 1614 MOSELEY AVENUE
CITY-ST-ZIP PALATKA FL 32178

TITLE ☐ Delete
NAME MAC GIBBON, TED
STREET ADDRESS 419 EMMETT STREET
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME President CSO
STREET ADDRESS Adam Mengel
CITY-ST-ZIP 2920 Silver Lake Drive
Palatka, Florida 32177

TITLE ☐ Change ☐ Addition
NAME Vice President
STREET ADDRESS J.B. Roberts
CITY-ST-ZIP 107 Blanchette Avenue
Palatka, Florida 32177

TITLE ☐ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Dot Drigger
CITY-ST-ZIP P.O. Box 72
East Palatka, Florida 32131-0072

TITLE ☐ Change ☐ Addition
NAME Secretary
STREET ADDRESS Linda Stratman
CITY-ST-ZIP 1600 Twigg Street
Palatka, FL 32177

TITLE ☐ Change ☐ Addition
NAME
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: Linda Stratman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/2000 904 329-372

Date

Daytime Phone #