2002 UNIFORM BUSINESS REPORT (UBR)

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TOCUMENT # N9500001823						FILE	D STATE	1	00055
FRIENDS OF RAVINE GARDENS, INC.					SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Plac	ce of Business	Mailing Address			-	BARR -3	PH 4:00		
1600 TWIGG STREET PALATKA FL 32177		1600 TWIGG STREET			1	S IBUONA PARK	PH 4:00	e	
PALAINA PE S		PALATKA FL 32177			*				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite Apt # etc							
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 5	9-3322898	———	pplied For ot Applicable	}
Zip	Country	Zîp	Cou	intry	5. Certificate of S	tatus Desired	□ \$8.75 Ad Fee Require	ditional	
<u> </u>	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Add	dress of New Re		eu	}
				Name Do	TDRIG	GeRS			ĺ
STRATMAN, LINDA				Street Address (P.O. Box Number is Not Acceptable)					
1600 TWIGG STREET PALATKA FL 32178			ĺ						
· / C	L 02170			City E Da		- U D	FL Zip Coo	le 3 1	
8. The above	named entity submits this statement f	or the purpose of changing its	s registere	E PS ed office or registe	T PALF red agent, or both, in			131	
				-					
SIGNATURE ,	Dot Driggers.	7 inance Chi	مُن	Cuan					
	Signature, typed or printed fame of registered agen	at and title if applicable. (NOT	E: Registered	Agent signature required	d when reinstating)		DATE		
		9. Election Ca	mnojan Ei	inannina	A E 00		- 01 - 1 - 1 - 1 - 1		
l	FILE NOW: FEE IS \$61.25	Trust Fund		* _	\$5.00 May Be Added to Fees –		e Check Payable partment of State		
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANG	ES TO DEFICER	S AND DIRECTORS IN		j
TITLE	D	Delete	TITLE	FIN	IANCE CH	AIRMA		Addition	<u></u>
	HANCOCK, WILLIAM B		NAME	D01	DRIGG			•	6) /
	1400 HARGROVE ST. PALATKA FL 32177		H		BOX TI		FL 32	1.31	E037 (9/01)
TITLE	D	Delete	TITLE	1/1/				Addition	O.
	HEDSTROM, EDWARD	~1	NAME	NA	CRETAL NCY Her 8 EMM	oderscl	hott -		_
	601 ST JOHNS AVE PALATKA FL 32177		41	ST-ZIP	8 LEWW	EI 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ	
TITLE	D	Delete	TITLE	D D	LATKA,	150.CV	≠	Addition	
	CONLEE, JOYCE	<i>y</i> ,	NAME	ED	WARD He	40KICK	٠	•	
	1614 MOSELEY AVENUE		11		BOY 215 LATKA F	: 201 ^F	1 <i>S</i>		
TITLE	PALATKA FL 32178 D	, , , , , , , , , , , , , , , , , , ,	TITLE					Addition	
-	MAC GIBBON, TED	Delete	NAME	्छ प्	etty L	e wwon	id □ Change	Addition	
	419 EMMETT STREET		fl .	T ADDRESS (9	etty L	LL AV	e _		
1	PALATKA FL 32177		┪	ST-ZIP	9LATKA	FL 3	2177		
TITLE NAME	s Stratman, Linda	Delete	TITLE NAME	\mathcal{D}^{1}	IM Hes	rer	☐ Change	Addition	
STREET ADDRESS	1600 TWIG STREET		IJ	T ADDRESS 3	19 Tar	PON B	LVd		
	PALATKA FL 32177	——————————————————————————————————————	CITY-S	ST-ZIP 6	PLATK	FL	32177		
	PCSO MENGEL ADAM	Delete	TITLE	LD u	1. B. G B.	RRETT	■ Change	Addition	
	MENGEL, ADAM 2920 SILVER LAKE DRIVE	es.	NAME STREET	T ADDRESS	314 RUS	TIC R	.0 A d.)	
	PALATKA FL 32177		CITY-S	ST-ZIP	SATSUM	A, FL	32189		
12. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exem	ption stated in Se	ction 119.07(3)(i), Flo	orida Statutes. I fu	irther certify that the ir	formation.	

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 of different 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 10 386-

SIGNATURE: _

328-2270



Department of Environmental Protection

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

David B. Struhs Secretary

March 27, 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 Ravine Gardens, 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