

2001 UNIFORM BUSINESS REPORT (UBR)

0007608

DOCUMENT # N95000002160

1. Entity Name

FRIENDS OF GUANA RIVER STATE PARK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 2:07

Principal Place of Business 2690 S. PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082	Mailing Address 2690 S. PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082
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DO NOT WRITE IN THIS SPACE

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 59-3301477	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRISON, JERRY 2690 S. PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082
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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	Jerry Harrison	1-26-01
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZABORSKY, PAT 2415 S. PONTE VEDRA BLVD. S. PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESELDING, BERT 9003 LAKE KATHRYN DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, JERRY 43 QUAIL LN. JACKSONVILLE BCH. FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESTER, RANDALL 2690 S. PONTE VEDRA BLVD. PONTE VEDRA BCH. FL 32082 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, LINDA 43 QUAIL LANE JACKSONVILLE BCH FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert C. Hanna, Jr. 2629 Lighthouse Cove Place Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Leigh Forrester 24532 Deer Trace Dr. Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Agnes E. Danciger 2919 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bert deSelding 9003 Lake Kathryn Drive Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Harrison 43 Quail Lane Jacksonville Beach, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	SIGNATURE REQUIRED Robert C. Hanna, Jr. Pres. 1-26-01 (904) 825-5071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E037 (10/00)



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 4, 2001

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 Guana River State Park, 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.

Sincerely,

Fran P. Mainella, CPRP
Director
Division of Recreation and Parks

FPM/pwb

Attachments