| TO N  | IIFORM   | I BUSINE                                    | SS              | REPORT  | (UI                    | BR)  |   | <u> </u>                               |                         |                  | <del></del>                   |  |
|---|--|---|-----------------|---|------------------------|--|---|--|-------------------------|------------------|-------------------------------|--|
| DOCUMENT # N9500002160  I. Entity Name FRIENDS OF GUANA RIVER STATE PARK, INC.        |  |   |                 |   |                        |  |   | 03 APR - I PM 3: 15 SECRETARY OF STATE |                         |                  |                               |  |
| Principal Place of Business<br>2690 S. PONTE VEDRA BLVD.<br>PONTE VEDRA BCH. FL 32092 |  |   |                 | Mailing Address<br>2690 S. PONTE VEDRA BLVD.<br>PONTE VEDRA BCH. FL 32082 |                        |  |   |  | TALLAHASS               | SEE, FLO         | ORIDA:                        |  |
| 2. Principal Place of Business  |  |   |                 | 3. Mailing Address  |                        |  |   | ]                                      |                         |                  |                               |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                         |                 |   |                        | ☐ CHECK HERE IF MAKING CHANGES                     |   |  |                         |                  |                               |  |
| City & State  |  |   | City & State    |   |                        |  |   | 4. FEI Number 5                        | <del>-33</del> 01477    |                  | Applied For<br>Not Applicable |  |
| Zip Country   |  |   | Zip C           |   |                        | ntry   | 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                       |  |                         |                  |                               |  |
| Name  |  |   |                 |   |                        |  | amo   | ,                                      |                         |                  | :                             |  |
| HARRISON, LINDA<br>2690 S. PONTE VEDRA BLVD.  |  |   |                 |   |                        | Street Address (P.O. Box Number is Not Acceptable) |   |  |                         |                  |                               |  |
| PONTE VEDRA BCH. FL 32082   |  |   |                 |   | -                      |  |   |  |                         |                  |                               |  |
|   |  |   |                 |   |                        | City FL Zip Code                                   |   |  |                         |                  |                               |  |
|   | named entity su<br>ions of registered                      | bmits this statement for<br>d agent.        | the purp        | ose of changing its re  | egistered              | d office or i                                      | registere   | ed agent, or both, in t                | the State of Florida. I | am familiar v    | vith, and accept              |  |
| SIGNATURE .   | Linko  | Harrin                                      | 1               | 1./.1 1./ 1./   | rison                  |  |   |  |                         | 7-03_            |                               |  |
|   | Signature, typed or pr                                     | inted name of registered agent a            | nd title if app | ficable. (NOTE:   | Registered a           | Agent signatur                                     | re required   | when reinstating)                      |                         | <u>-</u>         |                               |  |
| FILE NOW: FEE IS \$61.25  |  |   |                 | 9. Election Campaign F<br>Trust Fund Contributi                           |                        |  | Added to Fees Florida Department of                               |  |                         |                  |                               |  |
| 10.   | <u> </u>   | OFFICERS AND DIR                            | ECTORS          |   | 11.                    |  | P   | ADDITIONS/CHANGE                       | ES TO OFFICERS AND      | DIRECTOR         | RS IN 10                      |  |
| TITLE<br>NAME   | TD<br>ZABORSKY,  | PAT   |                 | ☐ Delete  | TITLE<br>NAME          |  | VD<br>Zal   | borsky, P                              | at                      | <b>⊠</b> Char    | nge 🗋 Addition                |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 2415 S. PONTE VEDRA BLVD.<br>S. PONTE VEDRA BEACH FL 32082 |   |                 |   |                        | T ADDRESS<br>ST-ZIP                                | 2415 S. Ponte Vedra Blvd.<br>S. Ponte Vedra Beach, FL 32082       |  |                         |                  |                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | -  | STEVE<br>ITEVEDRA BLVD<br>EDRA BEACH FL 320 | 82              | ☐ Delete  |                        |  | PD<br>Ha<br>31  | rrison, S<br>75 S. Pon                 |                         | Ç∏ Cham<br>Blvd. | nge 🔲 Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS   | S<br>BERTINELLI,<br>29 LAKE JUL                            | Pat<br>Je dr. south                         |                 | <b>⊠</b> Delete   | TITLE<br>NAME<br>STREE |  | D<br>Ha   | nna, Robe                              |                         | <b>⊠</b> Cha     | nge                           |  |

NAME Donnangelo, Lou 2919 PONTE VEDRA BLVD STREET ADDRESS 55 Waterbridge Place Ponte Vedra Beach, FL 32082 STREET ADDRESS PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TD

SD

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

PONTE VEDRA BCH. FL 32082

2629 LIGHTHOUSE COVE PLACE

PONTE VEDRA BEACH FL 32082

HANNA, ROBERT C JR

UPCHURCH, KRAMER

DANCIGER, AGNES E

ST AUGUSTINE FL 32084

545 CARCAB RD

Delete

Delete

03/11/03\_\_(.904) 823-3368

32086

Change

Change

☐ Change

Addition

Addition

Addition

Ponte Vedra Beach, FL 32082

<u>St. Augustine, FL 32084</u>

Upchurch, Kramer

545 Carcaba Rd

LaBello, Daryl

261 Trillo Street St. Augustine, FL

CR2E037 (10/02)

## #11. Continued

D Addition McGuinness, Jack 8 Saragossa Street St. Augustine, FL 32084

D Addition Hutnan, Joe 616 Sand Isles Ponte Vedra Beach, FL 32082

D Addition McQuilkin, Bill 225 Lamplighter Lane Ponte Vedra Beach, FL 32082

D Addition Shouvlin, Pat P.O. Box 1037 Ponte Vedra Beach, FL 32004

D Addition Starck, Barb 2749 S. Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082



## Department of Environmental Protection

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

David B. Struhs Secretary

April 1, 2003

Mr. Sean Toner Division of Corporations Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

Dear Mr. Toner,

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 fees 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 245-3098.

Warmest regards,

Wendy Spencer, Director Florida Park Service

WS/pwb

Attachments