

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003055

1. Entity Name

FRIENDS OF THE CAPE HAZE PIONEER TRAIL, INC.

Principal Place of Business

1990 ILLINOIS AVE.  
ENGLEWOOD FL 34224

Mailing Address

1990 ILLINOIS AVE.  
ENGLEWOOD FL 34224-5420

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

65-0623468

Applied For

Not Applicable

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

MERCER, ANN V  
1990 ILLINOIS AVE.  
ENGLEWOOD FL 34224

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MERCER, ANN V  
STREET ADDRESS 1990 ILLINOIS AVE.  
CITY-ST-ZIP ENGLEWOOD FL 34224

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

TITLE D ☐ Delete  
NAME MERCER, ROBERT D  
STREET ADDRESS 1990 ILLINOIS AVE.  
CITY-ST-ZIP ENGLEWOOD FL 34224

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

TITLE D ☐ Delete  
NAME KOSANOVICH, TAD  
STREET ADDRESS 579 SOUTH INDIANA AVENUE, SUITE B1  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE D ☐ Delete  
NAME CARBONE, VIRGINIA  
STREET ADDRESS 579 SOUTH INDIANA AVENUE, SUITE B1  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE D ☐ Delete  
NAME DIGNAM, DAVID  
STREET ADDRESS 1448 LEMON BAY DR.  
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE D ☐ Delete  
NAME HANLON, JOHN R  
STREET ADDRESS 7528 EBRO RD.  
CITY-ST-ZIP ENGLEWOOD FL 34224

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90006 020 \*\*\*\*61.25

00051731



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

SIGNATURE: *Ann V. Mercer* *Ann V. Mercer* Feb. 28, '00 (941) 475-2000