

2001 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**

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	<input type="checkbox"/> Delete
NAME	MERCER, ANN V	
STREET ADDRESS	1990 ILLINOIS AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MERCER, ROBERT D	
STREET ADDRESS	1990 ILLINOIS AVE.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KOSANOVICH, TAD	
STREET ADDRESS	579 SOUTH INDIANA AVENUE, SUITE B1	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CARBONE, VIRGINIA	
STREET ADDRESS	579 SOUTH INDIANA AVENUE, SUITE B1	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DIGNAM, DAVID	
STREET ADDRESS	1448 LEMON BAY DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HANLON, JOHN R	
STREET ADDRESS	7528 EBRO RD.	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ann V Mercer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 26, 2001 (941)475-2000

Date Daytime Phone #

CR2E037 (10/00)

0074903

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90153 050 ****61.25

A0018051

DO NOT WRITE IN THIS SPACE