

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003109

1. Entity Name

FRIENDS OF TAYLOR PARK, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90261 035 ****61.25

Principal Place of Business

Mailing Address

139 ROCKLEDGE AVE
ROCKLEDGE FL 32955

139 ROCKLEDGE AVE
ROCKLEDGE FL 32955-2414

2. Principal Place of Business

4 N. FERNWOOD DR.

Suite, Apt. #, etc.

3. Mailing Address

4 N. FERNWOOD DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROCKLEDGE FL

City & State

ROCKLEDGE FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32955

Country

U.S.A.

Zip

32955

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, RITA
139 ROCKLEDGE AVE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

MARC C. DICK

Street Address (P.O. Box Number is Not Acceptable)

4 N. FERNWOOD DRIVE

City

ROCKLEDGE

FL

Zip Code

32955

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

Marc C. Dick MARC C. DICK

APRIL 30, 2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, RITA 139 ROCKLEDGE AVE ROCKLEDGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, MARC 21 N FERNWOOD DR ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWKERK, CHARLES 74 N PALMWAY AVE ROCKLEDGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDA DIXON NEWKERK 74 N PALM WAY ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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	BROOKER, DENISE 9 SO. FERNWOOD DR. ROCKLEDGE FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

Marc C. Dick MARC C. DICK 4/30/00 321-639-7528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF-EN37 (9/99)