

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90209 039 \*\*\*\*70.00

**DOCUMENT # N95000003109**

1. Entity Name

**FRIENDS OF TAYLOR PARK, INC.**

Principal Place of Business

**4 N FERNWOOD DRIVE  
ROCKLEDGE FL 32955**

Mailing Address

**4 N FERNWOOD DRIVE  
ROCKLEDGE FL 32955**

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

**NOT APPLICABLE**

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

**DICK, MARC C  
4 N FERNWOOD DRIVE  
ROCKLEDGE FL 32955**

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 + \$8.75 = 70.00**

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 **CALDWELL, RITA**  
STREET ADDRESS **139 ROCKLEDGE AVE**  
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **T/D** ☒ Change ☐ Addition  
NAME **CALDWELL, RITA W.**  
STREET ADDRESS **139 ROCKLEDGE AVE.**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **D** ☐ Delete  
NAME **DICK, MARC**  
STREET ADDRESS **21 N FERNWOOD DR**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **C/D** ☒ Change ☐ Addition  
NAME **DICK, MARC C.**  
STREET ADDRESS **4 N. FERNWOOD DR.**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☒ Delete  
NAME **NEWKERK, CHARLES**  
STREET ADDRESS **74 N PALMWAY AVE**  
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **MISA, MICHAEL E. M.**  
STREET ADDRESS **393 OAK HAVEN DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **T** ☒ Delete  
NAME **LINDA DIXON NEWKERK**  
STREET ADDRESS **74 N PALM WAY**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **S/D** ☐ Change ☒ Addition  
NAME **WINGO, NANCY**  
STREET ADDRESS **32 N. FERNWOOD DR.**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **WALTON, EDIE M.**  
STREET ADDRESS **29 SOUTH HARDEE CIRCLE**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **MARZLUFF, ALICE**  
STREET ADDRESS **664 ORANGE COURT**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 7, 2001 321-639-7578**  
Date Daytime Phone #

CR2E037 (10/00)

ATTACHMENT TO:

2001 UNIFORM BUSINESS REPORT

FRIENDS OF TAYLOR PARK, INC. #N95000003109  
730412

BLOCK II. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE

D

☒ ADDITION

NAME

MORRIS, WYNONA L.

STREET ADDRESS

41 LITTLE JOHN LANE

CITY-ST-ZIP

ROCKLEDGE FL 32955

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