

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002711

1. Entity Name

FRIENDS OF FRIENDSHIP PARK INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90145 002 \*\*\*\*61.25

Principal Place of Business

C/O HIBISCUS PARK CIVIC CLUB  
 65 HIBISCUS LANE  
 KEY LARGO FL 33037

Mailing Address

C/O ALICA COOK  
 P O BOX 634  
 KEY LARGO FL 33037

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

COOK, ALISA  
 52 HIBISCUS LN  
 KEY LARGO FL 33037

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

*Alisa J Cook*

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

After September 13, 2000 min. will be \$236.25

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 JOHNSON, BEVERLY  
 STREET ADDRESS 22 HIBISCUS LANE  
 CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE D ☐ Delete  
 NAME JOHNSON, DAGNEY  
 STREET ADDRESS 95600 OS HWY  
 CITY-ST-ZIP KEY LARGO FL

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

TITLE D ☐ Delete  
 NAME JOHNSON, GEORGE  
 STREET ADDRESS 22 HIBISCUS LANE  
 CITY-ST-ZIP KEY LARGO FL 33037

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

TITLE D ☐ Delete  
 NAME WOODS, ROBERT  
 STREET ADDRESS 52 HIBISCUS LANE  
 CITY-ST-ZIP KEY LARGO FL

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

TITLE D ☐ Delete  
 NAME MATHEWSON, DUNCAN III  
 STREET ADDRESS 100 PALM LANE  
 CITY-ST-ZIP TAVENIER FL

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

TITLE D ☐ Delete  
 NAME BELL-THOMSON, JENNY  
 STREET ADDRESS 88770 OVERSEAS HWY  
 CITY-ST-ZIP PUMPKIN KEY FL

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:

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

Date

Daytime Phone #

9-5-00 305-461-3548

CR2E037 (5/00)