

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002684

1. Entity Name

FRIENDS OF RING PARK, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90039 011 ****61.25

Principal Place of Business

Mailing Address

1908 N.W. 7TH LANE
GAINESVILLE FL 32603

P.O. BOX 1616
GAINESVILLE FL 32602-1616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3447945

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SALTER, JAMES D ESQ.
703 N.E. FIRST STREET
GAINESVILLE FL 32601

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 ☐ Delete
NAME D
STREET ADDRESS LOMBARDI, JOHN V
CITY-ST-ZIP P.O. BOX 113150 N/A
GAINESVILLE FL 32611

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JAMES, JOHN
CITY-ST-ZIP 2720 S.W. 7TH PLACE
GAINESVILLE FL 32607

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WATSON, ROBERT
CITY-ST-ZIP 620 N.W. 16TH AVENUE
GAINESVILLE FL 32601

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BAUGHMAN, GEORGE
CITY-ST-ZIP 6709 S.W. 37TH WAY
GAINESVILLE FL 32608

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DOUGHTIE, NATH
CITY-ST-ZIP 201 E. UNIVERSITY AVENUE, ROOM 304
GAINESVILLE FL 32601

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

TITLE ☐ Delete
NAME D
STREET ADDRESS COLLIER, COURTLAND
CITY-ST-ZIP 830 N.W. 22ND TERRACE
GAINESVILLE FL 32605

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:

Robert A. Watson
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00

352-378-1331

CR2E037 (9/99)