## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000002684

1. Entity Name

EDIENDS OF DING DARK INC



## **FILED** Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90016 037 \*\*\*\*61.25

A	FRIENDS OF KING PARK, INC.					<b>'</b>				
Suite, Apr. #, intc.  City & State  City & S	1908 N.W. 7TH LANE P.O. BOX		P.O. BOX 1616	BOX 1616						
Suite, Apr. #, Intic.    City & State   City &										
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired   St. Adjoint For Invited Project Country  S. Certificate of Status Desired   St. Additional Fee Required  6. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  SALTER, JAMES D ESO.  SALTER, JAMES D ESO.  SALTER, JAMES D ESO.  SALTER, JAMES D ESO.  SUgen Address of New Registered Agent  To A District Market of the purpose of changing its registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistions of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistions of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistions of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistions of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistions of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistions of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of registered agent, or Sort, in the State of Florida. I am familiar with, and accept the enclosistic of re	2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address					JAN <b>andi (48</b> )	
Z.p Country Zip Country Sp. Certificate of Status Desired Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
SALTER, JAMES D ESO.  SALTER, JAMES D ESO.  ASAHE-FIRST-STREET  GAINSVILLE FL 32601  SIGNATURE  FILE NOW: FEE IS \$61.25  PERCENTIONS: PLANS AND DIRECTORS  TITLE  D D Delse NORTH CONTROL OF STREET STREET  TITLE  D DATE  D D	City & State		City & State		141 121 141 150 150 150 150 150 150 150 150 150 15					
SALTER, JAMES D'ESO. 703-HE. FIRST STREET GAINESWILE F1, 32601  8. The above named entity submits this statement for the purpose of changing its registered depent.  SIGNATURE  Signature types or present agent.  SIGNATURE  Signature types or registered disport. or from, in the State of Florida. I am familiar with and accept types or registered agent. or from, in the State of Florida. I am familiar with and accept types or registered agent.  SIGNATURE	_		Zip Co		ıntry	5. Certificate of Stat		8.75 Add	ditional	
SALTER, JAMES D ESQ. 723-AE. FIRST STREET GAINESVILLE FL 32601  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 Forida.   am familiar with, and accept the citing allors of registered agent, or both, in the State of Forida.   am familiar with, and accept the citing allors of registered agent, or both, in the State of Forida.   am familiar with, and accept the citing allors of registered agent, or both, in the State of Forida.   am familiar with, and accept the citing allors of registered agent, or both, in the State of Forida.   am familiar with, and accept the citing allors of registered agent, or both, in the State of Forida.   am familiar with, and accept the citing allors of registered agent, or both, in the State of Forida.   am familiar with, and accept the citing allows.   accept the							Fee Required			
GAINESVILE FI. 32601  City GAINESVILES   City GAINE		6. Name and Address of Current H	egisterea Agent		Name	7. Name and Addre	as of item fregistered A	gent		
B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both. In the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    Signature	7 <del>03 N.E.</del>	FIRST STREET	MOVED TO	<del>&gt;</del>	Street Address	(P.O. Box Number is No	Acceptable) BLD6	B		
The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or 5chr, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Flue	CAMPESVI	LLE FL 32001			City 6AINE	SSILLE	FL	Zip Cod		
SIGNATURE    FILE NOW: FEE IS \$61.25   9. Election Campaign Financing   \$5.00 May Bo Added to Foos   Make Check Payable to Florida Department of State	8. The above	named entity submits this statement for	the purpose of changing it	ts registere	ed office or registe	ered agent, or both, in th	e State of Florida. I am fa			
FILE NOW: FEE IS \$61.25  PILE NOW: FEE IN THE										
FILE NOW: FEE IS \$61.25  PILE NOW: FEE IN THE										
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   D	SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NC	DTÉ: Registere	d Agent signature require	ed when reinstating)	DATE			
TITLE LOMBARDI, JOHN V STREET ADDRESS CITY-ST-ZIP LOMBARDI, GEORGE STOPS STREET ADDRESS CITY-ST-ZIP LOMBARDI, GEORGE STOPS STREET ADDRESS CITY-ST-ZIP LOMBARDI, GEORGE STOPS STREET ADDRESS CITY-ST-ZIP LOMBARDI, GEORGE STREET ADDRESS CITY-ST-ZI	FB F NOW: FFF IS 301.25									
TITLE LOMBARDI, JOHN V	10 '	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIF	ECTORS IN	l 10	
STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32611  TITLE D JAMES, JOHN STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607  TITLE D AMESVILLE FL 32601  TITLE D AMESVILLE FL 32601  TITLE D AMESVILLE FL 32601  TITLE D AMESVILLE FL 32608  TITLE D C Change Addition Additi		14.7			E					
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STREET ADDRESS   CITY-ST-ZIP		<del>-</del>	□ Delete		i i				_ ['	
Change   Addition   Change   City-St-Zip	STREET ADDRESS									
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GAINESVILLE I E 32003										
		GAINESVILLE FL 32605	de la COLean de la			Section 110 07/3VI) Flan	ida Statutos I further con	tify that the i	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 attackment with an address, with all other like empowered.

SIGNATURE: 1

352-378-/33/