

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

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90016 037 ****61.25

DOCUMENT # N97000002684

1. Entity Name
FRIENDS OF RING PARK, INC.



Principal Place of Business

**1908 N.W. 7TH LANE
GAINESVILLE FL 32603**

Mailing Address

**P.O. BOX 1616
GAINESVILLE FL 32602**

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 **59-3447945**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

MOVED TO ->

7. Name and Address of New Registered Agent

Name

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

3940 NW 16TH BLVD, BLDG. B

City

GAINESVILLE

FL

Zip Code

32605-3502

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 G. Watson* **ROBERT G. WATSON**

1/6/03

352-378-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)