

2000 UNIFORM BUSINESS REPORT (UBR)

0078212

DOCUMENT # N97000004895

1. Entity Name

FRIENDS OF FALLING WATERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 AM 6:56

Principal Place of Business

Mailing Address

FLORIDA PARK SERVICE
3900 COMMONWEALTH BLVD MS 535
TALLAHASSEE FL 32399

FLORIDA PARK SERVICE
3900 COMMONWEALTH BLVD MS 535
TALLAHASSEE FL 32399-6575

2. Principal Place of Business

Falling Waters State

3. Mailing Address

1365 Watford Cir

Suite, Apt., etc.

Suite, Apt., etc.

City & State

Chipley, FL

City & State

Chipley, FL

Zip

32428

Country

Washington

Zip

32428

Country

Washington

4. FEI Number

59-3551705

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

~~WERNDL, PHILIP A~~
~~FLORIDA PARK SERVICE~~
~~3900 COMMONWEALTH BLVD MS 535~~
~~TALLAHASSEE FL 32399~~

A.A. Robinson
846 Orange Hill Rd
Chipley, FL 32428

Name

A.A. Robinson

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

City

Chipley

FL

Zip Code

32428

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 A.A. Robinson

April 26, 2000

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	PD	<input type="checkbox"/> Delete
NAME	FOSTER, JOHN	
STREET ADDRESS	1365 WATFORD CIRCLE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	30 Treasurer	<input type="checkbox"/> Delete
NAME	FOSTER, KATHY	
STREET ADDRESS	1365 WATFORD CIRCLE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRIDENBACK, BILL	
STREET ADDRESS	P.O. BOX 4 N/A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRIDENBACK, TULLIE	
STREET ADDRESS	P.O. BOX 4 N/A	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, BECKY	
STREET ADDRESS	631 4TH STREET	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAVENDER, FRED	
STREET ADDRESS	P.O. BOX 236 N/A	
CITY-ST-ZIP	CHIPLEY FL 32428	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doris Parkman	
STREET ADDRESS	1791 Tranquil Court	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jo McGlamery	
STREET ADDRESS	P.O. Box 535	
CITY-ST-ZIP	Cottondale, FL 32431	
TITLE	Registered Agent	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A.A. Robinson	
STREET ADDRESS	846 Orange Hill Rd	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

(850) 547-4585
Daytime Phone #

CR2E037 (9/99)



Jeb Bush
Governor

#N97000004845

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

May 15, 2000

Mr. David Mann, Director
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Dear Mr. Mann:

This letter is to certify to you that Friends of Falling Waters, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S.

Sincerely,

Fran P. Mainella, CLP
Director
Division of Recreation and Parks

FPM/paw

Attachments