

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90032 002 ****70.00

DOCUMENT # N98000000635

1. Entity Name

FRIENDS OF KELLY PARK, INC.

Principal Place of Business

Mailing Address

**400 EAST KELLY PARK ROAD
 APOPKA FL 32712**

**P.O. BOX 590
 APOPKA FL 32704-0590**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3507800

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

**WILSON, FRED
 400 E. KELLY PARK ROAD
 APOPKA FL 32712**

Name

MICHAEL P. KEMPTON

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

400 E. KELLY PARK RD.

City

APOPKA

FL

Zip Code

32712

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

Michael P. Kempton

MICHAEL P. KEMPTON, SITE SUPERVISOR

2/7/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PASTERNAK, MICHELE	
STREET ADDRESS	31402 SOARING HAWK LANE	
CITY-ST-ZIP	SERRENTO FL 33776	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OLDFIELD, JAMES JR.	
STREET ADDRESS	26435 BAIRD AVENUE	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLUM, JOSEPH F	
STREET ADDRESS	6114 SPARLING HILLS CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORMICAN, ROBERT F	
STREET ADDRESS	980 W. MCCORMICK ROAD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE

Robert F. Gormican

02-07-00 407 889 7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #