

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90051 015 ****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**

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

59-3507800

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEMPTON, MICHAEL P
 400 E. KELLY PARK ROAD
 APOPKA FL 32712**

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

Michael P Kempton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/02

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** Delete
 NAME **PASTERNAK, MICHELE**
 STREET ADDRESS **31402 SOARING HAWK LANE**
 CITY-ST-ZIP **SERRENTO FL 33776**

TITLE **PD** Change Addition
 NAME **BLUM, JOSEPH E.**
 STREET ADDRESS **9503 QUEENSBURY CT.**
 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **VPD** Delete
 NAME **OLDFIELD, JAMES JR.**
 STREET ADDRESS **26435 BAIRD AVENUE**
 CITY-ST-ZIP **SORRENTO FL 32776**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BLUM, JOSEPH F** ← E
 STREET ADDRESS **6114 SPARLING HILLS CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** Change Addition
 NAME **PASTERNAK, MICHELE**
 STREET ADDRESS **31402 SOARING HAWK LANE**
 CITY-ST-ZIP **SERRENTO FL 33776**

TITLE **TD** Delete
 NAME **GORMICAN, ROBERT F**
 STREET ADDRESS **980 W. MCCORMICK ROAD**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(j), 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 fee empowered.

SIGNATURE:

Robert F. Gormican

ROBERT F. GORMICAN, TREASURER
02-26-02
407 889 7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)