

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002116

1. Entity Name

FRIENDS OF OLD SETTLERS PARK, INC.

Principal Place of Business

88765 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address

P.O. BOX 205
TAVERNIER FL 33070-0205

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0838033

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

ALLEN, ALICE C
133 SUNRISE DRIVE
TAVERNIER FL 33070

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ALLEN, ALICE
133 SUNRISE DR., P.O. BOX 205
TAVERNIER FL 33070

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MURPHY, SYLVIA
150 JO JEAN WAY
TAVERNIER FL 33070

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DUNN, ANNE
183 HARBOUR VIEW DR. P.O. BOX 483
TAVERNIER FL 33070

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ARROYO, JEAN
191 LOWE STREET
TAVERNIER FL 33070

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐

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, or on an attachment with an address, with all other like empowered.

SIGNATURE

Sylvia J. Murphy
SYLVIA J. MURPHY
D - TREASURER

Date

Daytime Phone #

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

02-11-2000 90005 031 ****61.25



DO NOT WRITE IN THIS SPACE