

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90031 042 \*\*\*\*61.25

**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 43  
TAVERNIER FL 33070**

**90005159**



☐ CHECK HERE IF MAKING CHANGES

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 Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, ALICE C  
133 SUNRISE DRIVE  
TAVERNIER FL 33070**

7. Name and Address of New Registered Agent

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. 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 **ALLEN, ALICE**  
STREET ADDRESS **133 SUNRISE DR., P.O. BOX 205**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **D** ☐ Delete  
NAME **MURPHY, SYLVIA**  
STREET ADDRESS **150 JO JEAN WAY**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **D** ☐ Delete  
NAME **DUNN, ANNE**  
STREET ADDRESS **183 HARBOUR VIEW DR. ,P.O. BOX 483**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE **D** ☐ Delete  
NAME **ARROYO, JEAN**  
STREET ADDRESS **191 LOWE STREET**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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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)(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: *Sylvia Murphy* **SYLVIA MURPHY- 1-13-03 (385) 852-5673**

CR2E037 (10/02)