

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005744

1. Entity Name

FRIENDSHIP HOUSE, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90049 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

ATTN: NANCY J. DOTY  
471 SHEPHERD AVE  
WINTER PARK FL 32789

ATTN: NANCY J. DOTY  
471 SHEPHERD AVE  
WINTER PARK FL 32789-3970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547787

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

DOTY, NANCY J  
471 SHEPHERD AVE  
WINTER PARK FL 32789

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

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 ☐ Delete  
NAME DOTY, NANCY J  
STREET ADDRESS 471 SHEPHERD AVE  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete  
NAME HILL, ELEANOR A  
STREET ADDRESS 102 S. INTERLACHEN AVE., #309  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete  
NAME BLACKWELL, ROB  
STREET ADDRESS 917 GARDEN DRIVE  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Change ☒ Addition  
NAME Horner, Eric  
STREET ADDRESS 1710 Virginia Drive  
CITY-ST-ZIP Orlando, FL 32803

TITLE ☐ Delete  
NAME FRANKLIN, JENNIFER  
STREET ADDRESS 1485 WESTCHESTER AVE  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete  
NAME SKINNER, PAULETTE  
STREET ADDRESS 201 W. CANTON AVE  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Durante, Peter  
STREET ADDRESS 40931 Sheeah Blvd  
CITY-ST-ZIP Winter Springs FL 32708

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

Date

Daytime Phone #

CR2E037 (9/99)