2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am 8 DOCUMENT # N9800005744 Secretary of State 1. Entity Name FRIENDSHIP HOUSE, INC. 02-27-2001 90313 031 ****61.25 Mailing Address Principal Place of Business ATTN: NANCY J. DOTY ATTN: NANCY J. DOTY 471 SHEPHERD AVE 471 SHEPHERD AVE C0024869 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3547787 Not Applicable Zip Country \$8.75 Additional Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name and the second second Street Address (P.O. Box Number is Not Acceptable) DOTY, NANCY J 471 SHEPHERD AVE **WINTER PARK FL 32789** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition ☐ Change ☐ Delete TITLE TITLE DOTY, NANCY J NAME NAME STREET ADDRESS STREET ADDRESS **471 SHEPHERD AVE** CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition ☐ Change ☐ Delete TITLE TITLE HILL ELEANOR A NAME NAME STREET ADDRESS 102 S. INTERLACHEN AVE., #309 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition Change -- Delete TITLE TITLE HORNER, ERIC NAME NAME STREET ADDRESS STREET ADDRESS 1710 VIRGINIA DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change Addition ☐ Celete TITLE TITI F NAME FRANKLIN, JENNIFER NAME STREET ADDRESS STREET ADDRESS 1485 WESTCHESTER AVE CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32789** TITLE ☐ Change ☐ Addition Delete TITLE NAME SKINNER, PAULETTE NAME STREET ADDRESS STREET ADDRESS 201 W. CANTON AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **DURANTE, PETER** NAME NAME STREET ADDRESS STREET ADDRESS 40931 SHEOAH CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #