

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90083 043 \*\*\*\*61.25

**DOCUMENT # N99000006506**  
 1. Entity Name  
**ST. GEORGE ISLAND PARROT HEAD CLUB, INC.**

Principal Place of Business 1717 E GULF BEACH DRIVE ST GEORGE ISLAND FL 32328	Mailing Address PO BOX 812 EASTPOINT FL 32328-0812
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 211 AVENUE G Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 789 Suite, Apt. #, etc.
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City & State APALACHICOLA FL	City & State APALACHICOLA FL	4. FEI Number 59-	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32320	Country	Zip 32329	Country

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

6. Name and Address of Current Registered Agent  
 KLINE, THOMAS W  
 1717 E GULF BEACH DRIVE  
 ST GEORGE ISLAND FL 32328

7. Name and Address of New Registered Agent  
 Name: MARK W. FRIEDMAN  
 Street Address (P.O. Box Number is Not Acceptable): 211 AVENUE G  
 City: APALACHICOLA FL Zip Code: 32320

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: Mark Friedman VP/TREASURER DATE: 4-28-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PRESIDENT D HEATHER O. FRIEDMAN 211 AVENUE G APALACHICOLA, FL 32320 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK W. FRIEDMAN D VICE PRESIDENT 211 AVENUE G APALACHICOLA, FL 32320 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D MICHAEL W. FRIEDMAN 2334 RYAN PL. TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark W. Friedman DATE: 4-28-00 (950) 653-1090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)