2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 04, 2002 8:00 am Secretary of State DOCUMENT # N9900007022 1. Entity Name 06-04-2002 90205 031 ****61.25 PEOPLE FOR PARKS, INC. Principal Place of Business Mailing Address 3200 SOUTH FLETCHER 3200 SOUTH FLETCHER FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 59-3611578 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WALTERS, KENNETH R 2862 PARK SQUARE PLACE FERNANDINA BEACH FL 32034 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE NAME ALBERT, ERNIE STREET ADDRESS STREET ADDRESS 612 S 11TH STREET CITY-ST-7IP CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FOLOPAILOS, MARCIA NAME STREET ADDRESS STREET ADDRESS 1179 SOUTH FLETCHER CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Addition ☐ Delete TITLE ☐ Change TITLE HALEY, FOY STREET ADDRESS STREET ADDRESS 511 ASH STREET CITY-ST-ZIP CITY-ST-ZIP Fernandina Beach FL 32034 Change ☐ Addition TITLE □ Delete NAME COLBORN, E.L. STREET ADDRESS STREET ADDRESS 3200 SOUTH FLETCHER CITY-ST-ZIP CITY-ST-ZIP Fernandina B<u>each F</u>l 32034 ☐ Change ☐ Delete Addition TITLE TITLE NAME CLORE, GERY NAME STREET ADDRESS STREET ADDRESS 241 MARSH LAKES DRIVE CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Date

Daytime Phone #