2000 UNIFORM BUSINESS REPORT (UBR)		
DOCUMENT # N99000000050.	· 2	FILED CLASE
1. Entity Name of FRIENDS OF GRAYTON BEACH S	TATE	SECRETARY OF STATE DIVISION OF CORPORATIONS
RECREATION AREA INC.	,,,,,	01 AUG 24 PM 5: 03
Principal Place of Business Mailing Address	av	01 HOQ 551 111
SANTA RUSA BEACH C/O Jim PERM 33 GUIF BY	per h	
SRB, FI	32459	
2. Principal Place of Business SAMA ROSA BEACH P.O. Box 18	769	DEINICTATEMENT 60-01
Suite, Apt. #, etc.  33 Cut Back Dune  Suite, Apt. #, etc.		TICHTO I AN I BUVULOU U
Santa Rosa Beach Fl Santa Rosa Ba	uch Fl	4. FEI Number Applied For Not Applicable
32459 Country 7/10 1/5/4 32479	Country USA	S. Certificate of Status Desired
6. Name and Address of Current Registered Agent	Name/	7. Name and Address of New Registered Agent
Treasurer	Street Address	P.O. Box Number is Not Acceptable)
39 Gulf Breeze Drive	59 Gul	F Breze Dive
Santa Rosa Boach, Fl. 32459	City Santa	Rosa Booch FL Zip Code 79
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 Andrew J. Dodd / All 5/21/01		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature requires	Administrating) DATE
FILE NOW:  9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25  Trust Fund Contribution.  \$5.00 May Be Added to Fees  Department of State		
10. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
MAME Tom Patton	TITLE	☐ Change ☐ Addition 66(6)
CITY-ST-ZIP Souta Rosa Back FC 32457	STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition
MAME D VICE President Delete	TITLE NAME	☐ Change ☐ Addition S
STREET ADDRESS 33 GUIF Broeze Drive CITY-ST-ZIP Sonta Rosa Bach, F1 32K19	STREET ADDRESS CITY-ST-ZIP	
TITLE D 229 V.a President Delete	. JUTLE	☐ Change ☐ Addition
STREET ADDRESS 56 Old Miller Place	NAME STREET ADDRESS	
OTTY-ST-ZIP Santa Rosa Deach F1 32439	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME Andy Dodd STREET ADDRESS 59 GULF PROPER Drive	NAME STREET ADDRESS	College College
CITY-ST-ZIP Sawa Rosa Boach, F1 31419	CITY-ST-ZIP	
NAME D Socretary Delete Martha Solomon .	TITLE NAME	- Change Addition
STREET ADDRESS 10 white Sands home 32459	STREET ADDRESS CITY-ST-ZIP	
TITLE Delete	TITLE "	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	1 #352
12. Thereby certify that the information supplied with this filling does not qualify for the	a avamation stated in Soc	ction 119.07(3)(i), Florida Statutes, I further certify that the information ame legal effect as if made under oath; that I am an officer or director
indicated on this report or supplemental epop 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 of trustee-dispowered 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.		



## Department of Environmental Protection

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jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

June 26, 2001

Ms. Cathy Stauffer Division of Corporations Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

Dear Ms. Stauffer:

This letter is to certify to you that Friends of Grayton Beach State Recreation Area, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Sincerely,

Fran P. Mainella, CPRP

Director

Division of Recreation and Parks

FPM/pwb

Attachments