


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90279 039 \*\*\*\*61.25

**DOCUMENT # N02000002247**

1. Entity Name  
**FRIENDS OF THE THINK-TANK, INC.**



Principal Place of Business      Mailing Address

**C/O JACK PERKINS**      **C/O JACK PERKINS**  
**3916 CASEY KEY ROAD**      **3916 CASEY KEY ROAD**  
**NOKOMIS FL 34275**      **NOKOMIS FL 34275**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **03-04-36398**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~PERKINS, JACK~~  
**3916 CASEY KEY ROAD**  
**NOKOMIS FL 34275**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEEREY-LESTER, JOHN</b>	
STREET ADDRESS	<b>3913 CASEY KEY ROAD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PERKINS, JACK</b>	
STREET ADDRESS	<b>3916 CASEY KEY ROAD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MESSINA, MARIO</b>	
STREET ADDRESS	<b>4029 CASEY KEY ROAD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BODNER, LYNN</b>	
STREET ADDRESS	<b>3250 CASEY KEY ROAD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, HARVEY</b>	
STREET ADDRESS	<b>3105 CASEY KEY ROAD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, JUDY</b>	
STREET ADDRESS	<b>224 PALMETTO AVENUE</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: MARIO MESSINA      8/1/03      1-941-988 8977

CR2E037 (4/03)