FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1000 FRIENDS OF FLORIDA, INC. 101-23-2001 90024 047 *****61.25	DOCUMENT # N16667 1. Entity Name							Jan 23, 2001 8:00 am Secretary of State				
See FARK AVENUE TALLIMASSEE F1 3201	1000 FRIENDS OF FLORIDA, INC.							-				
TALLAHASSEE FL 3201 TALLAHASSEE FL 32014-5988 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City	Principal Place of Business Mailing Address											
Suite, Apt. e, etc. City & State Country Suite, Applied For Not Appli	TALLAHASSEE FL 32301		TALLAHASSEE FL 32314-5948			OGGOGGG						
City & State Country Country S. Certificate of Status Desired Selection Category Read Address of New Registered Agent T. Name and Address of New Registered Agent For Required For Required For Required For Required For Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpage of changing its registered office or registered agent, or both, in the state of Florida. Signature FILE NOW: FI	2. Principal P	lace of Business	3. Mailing Address									
Zip Country Zip Country S. Certification of Status Desired Se.75 Additional Fee Required Fee Requ	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTISON, CHARLES G 926 EAST PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street 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. Signature FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME PATTISON, CHARLES G SIRRET ADDRESS CITY-SI-2P DEGROVE, JOHN M. TTO GLADES RD, SOCIAL SCIENCE BLDG. DEGROVE, JOHN M. TTO GLADES RD, SOCIAL SCIENCE BLDG. SIRRET ADDRESS CITY-SI-2P CITY-	City & State		City & State				50-2761162					
PATTISON, CHARLES G 926 EAST PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpage of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 PATTISON, CHARLES G Signature hyped or printed name of registered agent agent and talle if applicable. (NOTE: Registered Agent signature required when rendating) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PATTISON, CHARLES G SIRECT ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE POEGROVE, JOHN M. STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME SIRECT ADDRESS CITY-ST-ZIP TO DELET ADDRESS SIRECT ADDRESS	Zip	Country	Zip	Cour	ntry		5. Certificate of	f Status Desired		Additional		
PATTISON, CHARLES G 926 EAST PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 PRICE NOW: FEE IS \$61.25 PATTISON, CHARLES G 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME PATTISON, CHARLES G 11. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. STREET ADDRESS 11. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. STREET ADDRESS 10. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. TITLE NAME STREET ADDRESS 10. DEGROVE, JOHN M. T77 GLADES RD, SOCIAL SCIENCE BLDG. 10. TITLE NAME STREET ADDRESS 10. TTTLE NAME STREET ADDRESS 10. TTTLE NAME STREET ADDRESS 10. TTTLE NAME NAME ARTHORP, JIM NAME APTHORP, JIM NAME APTHORP, JIM STREET ADDRESS 171. STREED ADDRESS 171. STRE			Registered Agent	\Box			7. Name and A	Address of New Registe	ered Agent			
PATIESON, CHARLES G 926 EAST PARK AVENUE TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpage of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PATTISON, CHARLES G 926 EARK AVENUE SIREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE NAME DEGROVE, JOHN M. TYT GLADES RO, SOCIAL SCIENCE BLDG. SIREET ADDRESS STREET A	_ **				Name							
TALLAHASSEE FL 32301 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. SIGNATURE Signature, typed or preted name of registered agent and like if applicable. (NOTE: Registered Agent signature required when renetating) DATE FILE NOW: FEE IS \$61.25 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME PATTISON, CHARLES G STREET ADDRESS CITY-ST-ZIP DEGROVE, JOHN M. TALLAHASSEE FL 32301 TITLE DEGROVE, JOHN M. STREET ADDRESS TREET ADDRESS TITLE VD Change Addition TITLE VD Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TREET ADDRE					Street Address (P.O. Box Number is Not Acceptable)							
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CITY-ST-ZIP MIAMI FL 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	MAIN AND A COMPANY OF THE PROPERTY OF THE PROP					ted in So	ction 110 07/2\/:\	Florida Statutos I furth	er certify that t	he informati	<u></u>	

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.

| GNATURE: | Signature and typed or printed Name of Signing Officer or Director | Date | Dayline Phone *

SIGNATURE: _