

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90014 042 ****61.25

0006484

DOCUMENT # N16667

1. Entity Name

1000 FRIENDS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**926 E PARK AVENUE
 TALLAHASSEE FL 32301
 US**

**P.O. BOX 5948
 TALLAHASSEE FL 32314-5948
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2761163

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTISON, CHARLES G
 926 EAST PARK AVENUE
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	PATTISON, CHARLES G	
STREET ADDRESS	926 E PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACKSON, TIMOTHY	
STREET ADDRESS	33 EAST PINE ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIST, CAROL	
STREET ADDRESS	1804 SW 83RD COURT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROUD, NANCY	
STREET ADDRESS	3111 STIRING RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	P	<input type="checkbox"/> Delete
NAME	WATTS, ALLEN C	
STREET ADDRESS	P.O. BOX 2491	
CITY-ST-ZIP	DAYTONA BEACH FL 3215-491	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOKOLOW, JERRY	
STREET ADDRESS	3225 AVIATION AVE, STE 304	
CITY-ST-ZIP	MIAMI FL	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Stephen Cutright</i>	
STREET ADDRESS	<i>2646-A Mitcham DR</i>	
CITY-ST-ZIP	<i>Tallahassee FL 32308</i>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Pattison 1/21/02 89222-6277

Date

Daytime Phone #

CFR2E037 (9/01)