2001 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2001 8:00 am secretary of State **DOCUMENT # 704402** 04-07-2001 90013 028 ****61.25 DUNEDIN FRIENDS OF THE LIBRARY, INC. Principal Place of Business Mailing Address **DUNEDIN PUBLIC LIBRARY DUNEDIN PUBLIC LIBRARY** 223 DOUGLAS AVENUE 223 DOUGLAS AVENUE **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2366568 City & State City & State Applied For 4. FEI Number 59-6242620 Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MICHALIK, CAROL 2361 DEMARET DR **DUNEDIN FL 34698** City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **FILE NOW:** 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11, ☐ Change ■ Addition TITLE ☐ Delete TITLE MICHALIK, CAROL NAME NAME STREET ADDRESS 2361 DEMARET DR STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP VPD **X** Addition TITLE Delete Change YARD, JULIE NAME MALLA REPUBLIC DE STREET ADDRESS 229 FLORIDA AVE STREET ADDRESS 2283 CITY-ST-ZIP DUNEDIN FL CITY-ST-ZIP HARBOR, FL. 34683 TITLE TITLE ☐ Change Addition Delete HERDMAN, GINGER NAME DOTTIE BELLAVANCE NAME 657 WEATHER FIELD STREET ADDRESS STREET ADDRESS 795 COUNTY KO. +1, #105 CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP PALMHARBOR. ☐ Change TITLE ☐ Delete TITLE ☐ Addition OLDHAM, CAROLYN NAME STREET ADDRESS 961 MCFARLAND ST STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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