

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91189 037 ****61.25

DOCUMENT # 704402

1. Entity Name

DUNEDIN FRIENDS OF THE LIBRARY, INC.

Principal Place of Business

Mailing Address

**DUNEDIN PUBLIC LIBRARY
 223 DOUGLAS AVENUE
 DUNEDIN FL 34698**

**DUNEDIN PUBLIC LIBRARY
 223 DOUGLAS AVENUE
 DUNEDIN FL 34698**

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

59-2366568

Applied For

Not Applicable

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

**MICHALIK, CAROL
 2361 DEMARET DR
 DUNEDIN FL 34698**

Name

KOLHOFF, MALLA

Street Address (P.O. Box Number is Not Acceptable)
2283 Republic Dr.

City

Palm Harbor

FL

Zip Code
34683

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 **PD** ☒ Delete
 NAME **MICHALIK, CAROL**
 STREET ADDRESS **2361 DEMARET DR**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **OLDHAM, CAROLYN**
 STREET ADDRESS **961 MCFARLAND ST**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **KOLHOFF, MALLA**
 STREET ADDRESS **2283 REPUBLIC DRIVE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Same as left.**

TITLE **SD** ☐ Delete
 NAME **BELLAVANCE, DOTTIE**
 STREET ADDRESS **795 COUNTY RD #1, #105**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Sara Kessinger**
 STREET ADDRESS **2051 Brenda Rd.**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN A. OLDHAM, TD, 4-19-02 (727) 734 1478

Date

Daytime Phone #

CR2E037 (9/01)