

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90142 049 ****61.25

0047571

DOCUMENT # 710356

1. Entity Name

SANIBEL PUBLIC LIBRARY, INC.

Principal Place of Business

770 DUNLOP ROAD
 SANIBEL FL 33957

Mailing Address

770 DUNLOP ROAD
 SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200187

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLEN, PATRICIA J
770 DUNLOP ROAD
SANIBEL FL 33957

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.

SIGNATURE

Patricia J. Allen

1-22-2002

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	P	<input type="checkbox"/> Delete
NAME	HOOPER, JAMES	
STREET ADDRESS	5280 LADYFINGER LAKE RD	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KYLE, WILLIAM	
STREET ADDRESS	1090 SKIFF PLACE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRAIG, WILLIAM	
STREET ADDRESS	993 SAND CASTLE RD	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGETTE, CHARLES	
STREET ADDRESS	600 NORTH YACHTSMAN DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOAN	
STREET ADDRESS	9436 YUCCA COURT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	T	<input type="checkbox"/> Delete
NAME	BASSETT, PRESTON	
STREET ADDRESS	1155 SAND CASTEL ROAD	
CITY-ST-ZIP	SANIBEL FL 33957	

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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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: *Preston C. Bassett* **PRESTON C. BASSETT** 1/22/02 4722483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)