2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710356

1. Entity Name

SANIBEL PUBLIC LIBRARY, INC.



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90403 047 ****61.25

				E I . S.					
Principal Plac 770 DUNLOP R SANIBEL FL 33	AOD	Mailing Address 770 DUNLOP RAOD SANIBEL FL 33957	770 DUNLOP RAOD			্ তেওঁ মুক্তিয়াল ক্ষ	are as	,	
	$ \cdot = \cdot = \frac{1}{2\pi} \left(\frac{1}{2\pi} \frac{1}{2\pi} \frac$	and the second second	القوادية الوادونونوقياه					A 1414 A 141	
2. Principal P									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9	City & State			39 0200 107			oplied For ot Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curren	I at Registered Agent	tered Agent			7. Name and Address of New Registered Agent			
-	Name								
ALLEN, PATRICIA J 770 DUNLOP ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SANIBEL-	FL 33957								
14			City				FL Zip Code		
	named entity submits this statement	for the purpose of changing its	registered office of	r register	ed agent, or both, in th	ne State of Florida.	I am familiar with,	and accept	
the obligat	ions of registered agent.	^							
CICNISTUDE	Patricia ((11Cen					2/6/03		
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered Agent signat	ture required	when reinstating)		DATE		
}	<u>'atricia J. Allen</u>								
•	npaign Financing Contribution.		\$5.00 May Be Added to Fees		heck Payable epartment of S				
10.	OFFICERS AND D	DIRECTORS	11.	-	ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS IN	10	
TITLE	P	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	HOOPER, JAMES		NAME						
STREET ADDRESS	5280 LADYFINGER LAKE RD		STREET ADDRESS						
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP			· ·			
TITLE	VP	☐ Delete	TITLE	D			🔀 Change	☐ Addition	
NAME	KYLE, WILLIAM		NAME					j	
STREET ADDRESS	1090 SKIFF PLACE		STREET ADDRESS						
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP						
TITLE	S CDAIC WILLIAM	☑ Delete	TITLE NAME	VP	~~~ 19- 11 1~~ ~~	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME STREET ADDRESS	CRAIG, WILLIAM		STREET ADDRESS		is Krekel Nerita Stre			l l	
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP	1	herita stre				
TITLE	D	∑ Delete	TITLE	Sanı	DEI FL 3393		☐ Change	Addition	
NAME	LEGETTE, CHARLES	22 0000	NAME		leen Campbe	11	•		
STREET ADDRESS	600 NORTH YACHTSMAN DR		STREET ADDRESS		Serenity L				
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		bel FL 3395				
TITLE	D	🔀 Delete	TITLE	D			Change	Addition X	
NAME	SMITH, JOAN		NAME		Hudson				
STREET ADDRESS CITY-ST-ZIP	0.00 100011		STREET ADDRESS CITY-ST-ZIP		Sand Castle				
	SANIBEL FL 33957			5anı	bel FL 3395	<u>/</u>			
TITLE	PASSETT DESTON	☐ Delete	TITLE NAME				Change	☐ Addition	
NAME STREET ADDRESS	BASSETT, PRESTON 1155 SAND CASTEL ROAD		STREET ADDRESS						
CITY-ST-ZIP	SANIBEL FL 33957		CITY-ST-ZIP		-		·		
12. hereby d	ertify that the information supplied wi	th this filing does not qualify for	the exemption sta	ted in Se	ction 119.07(3)(i), Flor	ida Statutes. I furthe	er certify that the in	nformation	

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: