

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90236 024 \*\*\*\*\*61.25

**DOCUMENT # 733592**

1. Entity Name

**FRIENDS OF THE BROWARD COUNTY LIBRARY, INC.**

Principal Place of Business

Mailing Address

100S ANDREWS AVE  
 FT LAUDERDALE FL 33301

100S ANDREWS AVE  
 FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2214644**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**WILNER, HANNAH**  
**100 S ANDREWS AVE**  
~~1760 E SUNRISE BLVD~~  
**FT LAUDERDALE FL 33301**

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	<input type="checkbox"/> Delete
NAME	BOLTON, GEORGE J	
STREET ADDRESS	5775 SW 88TH AVE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EUNORE SULLIVAN	
STREET ADDRESS	405 N OCEAN BLVD #217	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHADWICK, HELEN	
STREET ADDRESS	1744 SE 9TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	RSD	<input checked="" type="checkbox"/> Delete
NAME	NAVES, ANN	
STREET ADDRESS	4520 NW 16TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT DUNFORD	
STREET ADDRESS	3304 NE 15th Ct	
CITY-ST-ZIP	FT LAUD FL 33304	
TITLE	RSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANA WEINER	
STREET ADDRESS	8247 NW 1st St	
CITY-ST-ZIP	Margate, FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN BELFIORE	
STREET ADDRESS	777 S. FEDERAL HWY APT.	
CITY-ST-ZIP	POMPANO BEACH, FL 33062 G3	
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		

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:

*HANNAH WILNER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

954 3577538

Date

Daytime Phone #

CR2E037 (10/00)