

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90253 043 ****61.25

DOCUMENT # 760887

1. Entity Name

FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.

Principal Place of Business

Mailing Address

208 S SEACREST BLVD
 BOYNTON BCH FL 33435

208 S SEACREST BLVD
 BOYNTON BCH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2276356

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

7. Name and Address of New Registered Agent

VIRGINIA K. FARACE
208 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

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 _____

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: **DVP** Delete
 NAME: **TATA, MARYANN**
 STREET ADDRESS: **2837 SW 23 CRANBROOK CT**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **P** Delete
 NAME: **DOABECKER, VIRGINIA**
 STREET ADDRESS: **1707 BANYON CREEK CT**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **S** Delete
 NAME: **PARADISI, DOROTHY**
 STREET ADDRESS: **3653 QUAIL RIDGE DR.**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **CONNIE SWENDSEEN**
 STREET ADDRESS: **10520 LIMEBERRY DR.**
 CITY-ST-ZIP: **DELRAY BEACH FL**

TITLE: **D** Change Addition
 NAME: **JEAN BIRDSALL**
 STREET ADDRESS: **1003 S.W. 6th Ave**
 CITY-ST-ZIP: **BOYNTON BEACH, FL 33426**

TITLE: **DT** Delete
 NAME: **ARMSTRONG, LIZABETH**
 STREET ADDRESS: **4376 PINE TREE DRIVE**
 CITY-ST-ZIP: **BOYNTON BCH FL 33436**

TITLE: **DT** Change Addition
 NAME: **ARMSTRONG, ELIZABETH**
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **STALZER, MARIANNE**
 STREET ADDRESS: **10620 GREENTREE DR. SOUTH**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: **D** Change Addition
 NAME: **ALICE OTIS**
 STREET ADDRESS: **209 S.W. 13th St.**
 CITY-ST-ZIP: **BOYNTON BEACH, FL 33426**

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 561-364-0609

CR2E037 (10/00)