

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90052 023 ****61.25

DOCUMENT # 764382

1. Entity Name

BROWARD PUBLIC LIBRARY FOUNDATION, INC.

Principal Place of Business

Mailing Address

100 SO ANDREWS AVE
 FT LAUD FL 33301

100 SO ANDREWS AVE
 FT LAUD FL 33301-1830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2224746

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARVEY, KAY
3200 PORT ROYALE DRIVE
FORT LAUDERDALE FL 33308

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 Delete
 NAME **CD**
 STREET ADDRESS **ROOT, HUGH**
 CITY-ST-ZIP **600 CORPORATE DR STE 200**
FT LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCD**
 STREET ADDRESS **SMITH, DENNIS**
 CITY-ST-ZIP **110 SE 6TH ST 28TH FL**
FT LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **CASTELL, J. RONALD**
 CITY-ST-ZIP **450 EAST LAS OLAS BLVD STE 1200**
FT LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **MARKS, STANLEY A**
 CITY-ST-ZIP **19495 BISCAYNE BLVD #604**
AVENTURE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **O**
 STREET ADDRESS **MAYHNE, CARL**
 CITY-ST-ZIP **625 NE 4TH ST**
FT LAUDERDALE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **O**
 STREET ADDRESS **FREMAN, ELIZABETH**
 CITY-ST-ZIP **325 SUNSET DR**
FT LAUDERDALE FL

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 REQUIRED: HARVEY

1-19-00

954-357-7469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #