2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90034 048 ****61.25

DOCUMENT # 769309

1. Entity Name

FRIENDS OF THE NORTH INDIAN RIVER COUNTY LIBRARY

Principal Place of Business	Mailing Address
NORTH INDIAN RIVER COUNTY LIBRARY 1001 FELLSMERE RD. SEBASTIAN FL 32958	NORTH INDIAN RIVER COUNTY LIBRARY 1001 FELLSMERE RD. SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2325278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VANDEVOORDE, RENE G.
1327 NORTH CENTRAL AVE
SEBASTIAN FL 32958

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOUTENOT, ANNE 1597 ESTERBROOK LN SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOTT, WILLIAM 544 ROLLING HILL DR SEBASTIAN FL 32958	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOGGETT, THAD 585 ALBATROSS TERRACE SEBASTIAN FL 32958 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOTT, MARY C 544 ROLLING HILL DR SEBASTIAN FL 32958	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAMAKARIS, MARGARET 821 DOCTOR AVE. SEBASTIAN FL 32958 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KAMAKARIS, MARGARET 821 DOCTOR AVE SEBASTIAN FL 32958	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MIQUELON, MARGARET 275 Zane AVe. SEBASTIAN FL 32958 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: THAD DOGGETT Thad Doggett 2/21/2001 (561) 388-1396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #