

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90237 044 \*\*\*\*61.25

**DOCUMENT # N24995**

1. Entity Name  
**TARPON SPRINGS PUBLIC LIBRARY FOUNDATION, INC.**



Principal Place of Business      Mailing Address

P.O. BOX 1752      P.O. BOX 1752  
 TARPON SPRINGS FL 34688      TARPON SPRINGS FL 34688

48444



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 **59-2947846**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NIXON, FRANK E.**  
**1005 BAY VISTA DR.**  
**TARPON SPRINGS FL 34689**

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

TITLE	<b>X Director</b>	<input type="checkbox"/> Delete
NAME	<b>KAMINIS, PATRICIA</b>	
STREET ADDRESS	<b>1011 BEAVER DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MOSSBERG, AUDREY</b>	
STREET ADDRESS	<b>958 BAYSHORE DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORMAN, EDWARD</b>	
STREET ADDRESS	<b>118 PARKSIDE COLONY</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>X Director</b>	<input type="checkbox"/> Delete
NAME	<b>CLAY, DOROTHY</b>	
STREET ADDRESS	<b>649 PALM AVE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BLUZIN, JERALD</b>	
STREET ADDRESS	<b>117 PARKSIDE COLONY DR.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<del>KIMBER MITCHELL</del>	<input type="checkbox"/> Delete
NAME	<del>103 BEAVER DRIVE</del>	
STREET ADDRESS	<del>TARPON SPRINGS FL 34689</del>	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WILLIAM WINSON</del>	
STREET ADDRESS	<del>144 SPRING BLVD North</del>	
CITY-ST-ZIP	<del>TARPON SPRINGS FL 34689</del>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLAREN MITCHELL</b>	
STREET ADDRESS	<b>103 BEAVER DRIVE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>X Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HELEN LANE</b>	
STREET ADDRESS	<b>TESSIER DRIVE</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	

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: *Patricia Kamins*      4.30.01      Date      Daytime Phone #

CR2037 (10/00) 706616760C13 9074 2104