

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90183 041 \*\*\*\*61.25

**DOCUMENT # N24995**

1. Entity Name

**TARPON SPRINGS PUBLIC LIBRARY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1752  
 TARPON SPRINGS FL 34688

P.O. BOX 1752  
 TARPON SPRINGS FL 34688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2947846**

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

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

Name ~~CLAY, DOROTHY BROTHERTON, ROBERT G~~  
 Street Address (P.O. Box Number is not acceptable) ~~649 PALM AVE~~ 2801 WILLOW TR.  
 TARPON SPRINGS, FL 34688  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert M. Brotherton, TREASURER/DIRECTOR DATE 8/3/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
NAME	KAMINIS, PATRICIA	
STREET ADDRESS	1011 BEAVER DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CLAY, DOROTHY	
STREET ADDRESS	649 PALM AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLIZIN, JERALD	
STREET ADDRESS	117 PARKSIDE COLONY DR.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELMCH, MITCHELL	
STREET ADDRESS	103 BEAUVEN DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROTHERTON, ROBERT G	
STREET ADDRESS	2801 WILLOW TRACE	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL KIMEN	
STREET ADDRESS	103 BEAVER DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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 signatures.

SIGNATURE: Robert M. Brotherton, TREASURER/DIRECTOR DATE: 8/3/02 (727)934-9612

CR2E037 (4/02)