

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90147 042 ****61.25

0060401

DOCUMENT # N24995

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



Principal Place of Business: P.O. BOX 1752, TARPON SPRINGS FL 34688
Mailing Address: P.O. BOX 1752, TARPON SPRINGS FL 34688

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

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
BROTHERTON, ROBERT G
2801 WILLOW TR
TARPON SPRINGS FL 34688

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: BROTHERTON, ROBERT G STREET ADDRESS: 2801 WILLOW TRACE CITY-ST-ZIP: TARPON SPRINGS FL 34688	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: CLAY, DOROTHY STREET ADDRESS: 649 PALM AVE CITY-ST-ZIP: TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: HELEN W. LANE STREET ADDRESS: 623 TESSIER DR. CITY-ST-ZIP: TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BLIZIN, JERALD STREET ADDRESS: 117 PARKSIDE COLONY DR. CITY-ST-ZIP: TARPON SPRINGS FL	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: CAROLE CALLERLIN STREET ADDRESS: 1718 GOLFVIEW DR CITY-ST-ZIP: TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MITCHELL, KIMEN STREET ADDRESS: 103 BEAVER DRIVE CITY-ST-ZIP: TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	TITLE: DK NAME: Kimen Mitchell STREET ADDRESS: 1005 Beaver Dr. CITY-ST-ZIP: Tarpon Springs FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: VP D NAME: William L. Vinson STREET ADDRESS: 110 S. Levis Ave. CITY-ST-ZIP: Tarpon Springs, FL 34689	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert G. Brotherton **ROBERT G. BROTHERTON TD, 2/15/03 (727) 934-9612**

CR2E037 (10/02)