2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N94000003446** Jan 25, 2000 8:00 am 1. Entity Name **Secretary of State** FRIENDS OF THE OAKLAND PARK LIBRARY, INC. 01-25-2000 90066 039 ****61.25 Principal Place of Business Mailing Address 1298 N.E. 37TH ST. 1298 N.E. 37TH ST. OAKLAND PARK FL 33334-4569 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0505125 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GORDON, GEORGE H 1499 NE 35TH ST OAKLAND PARK FL 33334-4549 Zip Code City FL 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 DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 🔀 Delete TITLE P/D HARDY, THOMAS E. ☐ Change **Addition** TITLE PD NAME NAME PARLOW, JOAN R 4421 N.E. 19th Avenue STREET ADDRESS STREET ADDRESS 1750 NE 38TH ST Oakland Park, FL 33308 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ٧Đ NAME NAME WIMBERLY, HARRY L STREET ADDRESS STREET ADDRESS 1911 N E 41ST ST CITY_ST_ZIP CITY-ST-ZIP-<u>OAKĽAND PARK FL 33334</u> <u>T/D</u> Delete Change Addition TITLE TITLE TD NAME NAME VON STETINA, Deanne REYNOLDS, M PATRICIA STREET ADDRESS STREET ADDRESS 400 N.E. 49th Street 4421 NE 19TH AVE CITY-ST-ZIP CITY-ST-ZIP Lauderdale, FL 33334 <u>OAKLAND PARK FL 33308</u> Delete Change Addition TITLE TITLE S/D NAME NAME REYNOLDS, PATRICIA M KELLER, Rose T. STREET ADDRESS STREET ADDRESS 1921 NE 43RD STREET 1914 N.W. 36th Court CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33308 Oakland Park, FL 33309 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

MANUE COMMENTAGE Hardy 1/18/2000 954 772-3959 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date

changed, or on an attachment with an address, with all other like empowered