

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90007 035 ****61.25

DOCUMENT # N94000003446

1. Entity Name

FRIENDS OF THE OAKLAND PARK LIBRARY, INC.

Principal Place of Business

1298 N.E. 37TH ST.
 OAKLAND PARK FL 33334

Mailing Address

1298 N.E. 37TH ST.
 OAKLAND PARK FL 33334

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

65-0505125

Applied For ...

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORDON, GEORGE H
1499 NE 35TH ST
OAKLAND PARK FL 33334-4549

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	PD	<input type="checkbox"/> Delete
NAME	HARDY, THOMAS E	
STREET ADDRESS	4421 NE 19TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WIMBERLY, HARRY L	
STREET ADDRESS	1911 N E 41ST ST	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VON STETINA, DEANNE	
STREET ADDRESS	400 NE 49TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KELLER, ROSE T	
STREET ADDRESS	1914 NW 36TH CT	
CITY-ST-ZIP	OAKLAND PARK FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, DARLEEN	
STREET ADDRESS	1584 NE 33rd Street	
CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXON, PATRICIA A.	
STREET ADDRESS	70 NW 34th Street	
CITY-ST-ZIP	Oakland Park, FL 33309	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, NADINE M.	
STREET ADDRESS	2839 NE 60th Street	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
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 empowered.

SIGNATURE:

THOMAS E. HARDY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

954 772-3959

Date

Daytime Phone #

CR2E037 (10/00)

719