

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11076

1. Entity Name

FRIENDS OF THE GULF COUNTY PUBLIC LIBRARIES, INC

Principal Place of Business

Mailing Address

C/O MRS. JEAN FALISKI
GULF COUNTY PUBLIC LIBRARY, HIGHWAY 71 N.
PORT ST. JOE FL

C/O MRS. JEAN FALISKI
GULF COUNTY PUBLIC LIBRARY, HIGHWAY 71 N.
PORT ST. JOE FL

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

59-2849220

Applied For

Not Applicable

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

FALISKI, JEAN
110 LIBRARY DR.
PORT ST. JOE FL 32456

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MOORE, P
STREET ADDRESS GULF CO PD LIBRARY
CITY-ST-ZIP PT ST JOE FL 32456

TITLE PD ☒ Change ☐ Addition
NAME Pendarvis, P
STREET ADDRESS Gulf CO PB Library
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE VD ☒ Delete
NAME PENDARVIS, P
STREET ADDRESS GULF CO PD LIBRARY
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE VD ☒ Change ☐ Addition
NAME Moore, P
STREET ADDRESS Gulf CO PB Library
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE SD ☒ Delete
NAME KUNKLE, M
STREET ADDRESS GULF CO PB LIBRARY HWY 71
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE SD ☐ Change ☒ Addition
NAME Harrison, V
STREET ADDRESS Gulf CO PB Library
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE TD ☐ Delete
NAME KNIGHT, K
STREET ADDRESS GULF CO PB LIBRARY HW 71
CITY-ST-ZIP PORT ST. JOE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MIMS, J
STREET ADDRESS GULF CL PB LIBRARY HWY 71
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BORDELON, L
STREET ADDRESS GULF C PB LIBRARY HWY 71
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE D ☐ Change ☒ Addition
NAME Mathes, V
STREET ADDRESS Gulf CO PB Library
CITY-ST-ZIP Port St. Joe, FL 32456

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: *Kim D. Knight* Kim D. Knight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00 (850)229-8879

Daytime Phone #

CR2E037 (9/99)