

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704062

1. Entity Name

FRIENDS OF THE VENICE PUBLIC LIBRARY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90284 027 ****61.25

Principal Place of Business

Mailing Address

300 S NOKOMIS
VENICE FL 34285

300 S NOKOMIS
VENICE FL 34285-2416



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

59-1027774

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TREASURER FRIENDS OF THE VENICE LIBRARY

300 S NOKOMIS
VENICE FL 34292

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 VD ☐ Delete
NAME BENEDICT, DEBBI
STREET ADDRESS 116 N. RIVER BLVD.
CITY-ST-ZIP NOKOMIS FL 34275

TITLE VD ☒ Change ☐ Addition
NAME MARTIN, PENNY
STREET ADDRESS 1456 ROYALTY WAY
CITY-ST-ZIP VENICE, FL 34292

TITLE SD ☐ Delete
NAME GWEN, RAND
STREET ADDRESS 428 EDGEWEED ROAD
CITY-ST-ZIP VENICE FL 34292

TITLE SD ☒ Change ☐ Addition
NAME HAHN, ERMINA
STREET ADDRESS 444 PALMETTO CT A-1
CITY-ST-ZIP VENICE, FL 34285

TITLE TD ☐ Delete
NAME BURKARD, JOHN
STREET ADDRESS 333 S TAMiami TRAIL STE. 283
CITY-ST-ZIP VENICE FL 34285

TITLE TD ☒ Change ☐ Addition
NAME DONO, JOHN F
STREET ADDRESS 1521 TAMiami TRS #303
CITY-ST-ZIP VENICE, FL 34292

TITLE VS ☐ Delete
NAME HILTON, MARY
STREET ADDRESS 425 GOLDEN BEACH BLVD.
CITY-ST-ZIP VENICE FL

TITLE VS ☒ Change ☐ Addition
NAME SCHULTON, DEBORAH
STREET ADDRESS 800 LA GUNA DR
CITY-ST-ZIP VENICE, FL 34285

TITLE PD ☐ Delete
NAME SALLY DOWNEY
STREET ADDRESS 1006 PINE FOREST CT
CITY-ST-ZIP VENICE FL 34293

TITLE PD ☐ Change ☐ Addition
NAME COLLINS MD, THOMAS
STREET ADDRESS 461 BAYSHORE DR
CITY-ST-ZIP VENICE, FL 34285

TITLE VD ☒ Delete
NAME GRACE CAHILL
STREET ADDRESS 766 VILLAGE CIR
CITY-ST-ZIP VENICE FL 34292

TITLE VD ☐ Change ☐ 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

941-484-1993

Daytime Phone #

CR2E037 (9/99)