

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
 02-20-2002 90007 028 ****61.25

DOCUMENT # 704062

1. Entity Name

FRIENDS OF THE VENICE PUBLIC LIBRARY, INC.

Principal Place of Business

**300 S NOKOMIS
 VENICE FL 34285**

Mailing Address

**300 S NOKOMIS
 VENICE FL 34285**

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

59-1027774

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

**DONO, JOHN F
 300 S NOKOMIS
 VENICE FL 34285**

Name **DOWD, JOHN F.**

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 **VD** ☐ Delete
 NAME **MARTIN, PENNY**
 STREET ADDRESS **1456 ROYALTY WAY**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **SD** ☒ Delete
 NAME **HAHN, ERMINA**
 STREET ADDRESS **448 PALMETTO CT A-1**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **TD** ☐ Delete
 NAME **DONO, JOHN F**
 STREET ADDRESS **1521 TAMiami TR S #303**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE **VD** ☒ Delete
 NAME **SCHULTON, DEBORAH**
 STREET ADDRESS **800 LA GUNA DR**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE **PD** ☐ Delete
 NAME **COLLINS, THOMAS**
 STREET ADDRESS **461 BAYSHORE DR**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME **SALLEY DOWNEY SD**
 STREET ADDRESS **1006 PINE FOREST COURT**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE ☒ Change ☐ Addition
 NAME **DOWD, JOHN F**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VD JUNE WOOD**
 STREET ADDRESS **601 APALACHICOLA RD**
 CITY-ST-ZIP **VENICE FL 34285**

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

TITLE ☐ 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 Required VP

2/01/02 (941) 484-1983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)