

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90005 035 ****61.25

DOCUMENT # 705794

1. Entity Name
FRIENDS OF THE LIBRARY OF FORT LAUDERDALE, FLORI



Principal Place of Business
 PO BOX 1359
 FT. LAUDERDALE FL 33302
 US

Mailing Address
 PO BOX 1359
 FT. LAUDERDALE FL 33302
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MAIN LIBRARY
 Suite, Apt. #, etc.
100 S. ANDREWS AVE
 City & State
FT. LAUDERDALE FL

3. Mailing Address
~~100 S. ANDREWS AVE~~
 Suite, Apt. #, etc.
 City & State
 Zip
33301 Country
BROWARD

4. FEI Number **59-6146417** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRADLEY, ROBIN
509 RIVIERA ISLE
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **LORRAINE MARINA**
 Street Address (P.O. Box Number is Not Acceptable)
11607 S.E. FIRST ST
 City **FORT LAUDERDALE** FL Zip Code **33301**

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 **LORRAINE K. MARINA** *Lorraine Marina* **8/1/00**
 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
After September 13, 2000 min. will be \$236.25

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	DT	<input checked="" type="checkbox"/> Delete
NAME	BRADLEY, ROBIN	
STREET ADDRESS	509 RIVIERA ISLAND	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	MARINA, LORRAINE	
STREET ADDRESS	1607 SE 1 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICE, CHERYL T	
STREET ADDRESS	1920 S. OCEAN DR., #704	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRAINE MARINA	
STREET ADDRESS	11607 S.E. FIRST ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE HEIN	
STREET ADDRESS	2636 GRACE DR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 *Lorraine Marina* **LORRAINE K. MARINA** **8/1/00** **954-462-5812**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)