

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2002 8:00 am
Secretary of State

DOCUMENT # 705794

05-19-2002 90212 042 ****61.25

1. Entity Name

FRIENDS OF THE LIBRARY OF FORT LAUDERDALE, FLORIDA, INC.

Principal Place of Business

Mailing Address

**MAIN LIBRARY
 100 S ANDREWS AVE
 FORT LAUDERDALE FL 33301
 US**

**PO BOX 1359
 FT. LAUDERDALE FL 33302
 US**

75100



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

59-6146417

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

**MARTINA, LORRAINE
 1607 SE FIRST ST
 FT LAUDERDALE FL 33301**

Name **CATHYRN AUSDRO**

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

261 N.W. 34 ST

City **OAKLAND PARK**

FL

Zip Code **33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/02

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 **DS** Delete
 NAME **BRADLEY, ROBIN**
 STREET ADDRESS **509 RIVERA ISLAND**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **TD** Delete
 NAME **MARINA, LORRAINE**
 STREET ADDRESS **1607 SE FIRST ST**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **DP** Delete
 NAME **HEIN, DENISE**
 STREET ADDRESS **2658 GRACE DR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** Change Addition
 NAME **CATHYRN AUSDRO**
 STREET ADDRESS **261 N.W. 34 ST**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **PRESIDENT** Change Addition
 NAME **CAROLINE SEABRIGHT**
 STREET ADDRESS **500 S.E. 17 ST**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **VICE PRESIDENT** Change Addition
 NAME **CASSANDRA CLARK**
 STREET ADDRESS **620 S.E. 9 ST**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Lorraine K. Marina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/02

954-462-5812

Daytime Phone #

CR2007 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

5/19/2002-90212-042-\$61.25-\$61.25

DOCUMENT # 705794

1. Entity Name

FRIENDS OF THE LIBRARY OF FORT LAUDERDALE, FLORIDA, INC.

Attachment

93164

Principal Place of Business

Mailing Address

**MAIN LIBRARY
100 S ANDREWS AVE
FORT LAUDERDALE FL 33301
US**

**PO BOX 1359
FT. LAUDERDALE FL 33302
US**



DO NOT WRITE IN THIS SPACE

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

59-6146417

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

**MARTINA, LORRAINE
1607 SE FIRST ST
FT LAUDERDALE FL 33301**

Name **CATHYRD AUSBRD**

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

261 N.W. 34 ST

City **OAKLAND PARK**

FL

Zip Code

33309

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/02

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 **DS**
NAME **BRADLEY, ROBIN**
STREET ADDRESS **509 RIVIERA ISLAND**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

Delete

Change

Change

Addition

TITLE **TD**
NAME **MARINA, LORRAINE**
STREET ADDRESS **1607 SE FIRST ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

Delete

Change

Change

Addition

TITLE **DP**
NAME **HEIN, DENISE**
STREET ADDRESS **2858 GRACE DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

Delete

Change

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change

Change

Addition

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] **LORRAINE K. MARINA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/02 **931-462-5812**

Daytime Phone

CR2E037 (9/01)

Revised per instructions.

RES
U AUSBRD
J. 34 ST
D PARK FL 33309
RT SEABRIGHT
E. 17 ST
IRDALE FL 33316
RESIDENT
DELA CLARK
1610 S.E. 9 ST
FL LAUDERDALE, FL 33316