## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 714869**

## FRIENDS OF ST PETERSBURG BEACH PUBLIC LIBRARY, I

365 73RD AVENUE ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business

Principal Place of Business

Mailing Address

365-73RD AVE ST PETE BCH FL 33706

3. Mailing Address

## **FILED** May 17, 2001 8:00 am § Secretary of State

05-17-2001 90401 029 \*\*\*\*61.25

657222



Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-6216588	_	Applied For Not Applicable	
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
WHIPPLE, ROBERTA				Street Address (P.O. Box Number is Not Acceptable)				
365 73RD AVEN ST. PETERSBU	NUE RG BCH FL 33706							
				City		FL	Zip Code	
8. The above named	d entity submits this statement	for the purpose of changir	ng its register	ed office or regi	stered agent, or both, in the state of Florida	a.		

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FILE	NOW:
FEE IS	S \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10.	10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PD	☐ Delete	TITLE	$\mid \mathcal{D} \mid$		Change	🔀 Addition		
NAME (	MILLER, KATHY		NAME	CORDETT CLIF	TON				
STREET ADDRESS	6650 SUNSET WAY #414		STREET ADDRESS	4991 BECOPA					
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 337	06	CITY-ST-ZIP	ST PETERSBUR	RG, FL 33715	·			
TITLE	SD	🔀 Delete	TITLE	V/D		🔀 Change	☐ Addition		
NAME	FORANDA, LISA	•	NAME	FORAND A, LEI	15A		ļ		
STREET ADDRESS	311 10TH AVE	STREET ADDRESS	311 TOTH AVE			)			
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 337	CITY-ST-ZIP	ST PETE BEACH	, FL 33706					
TITLE	TD	☐ Delete	TITLE	70		Change	✓ Addition		
NAME	ANUNDSON, LYLE		NAME	DAWSON, CYNI			ļ		
STREET ADDRESS	116 44TH AVE		STREET ADDRESS	3082 W. VINA.	DEL MAR BLVD		}		
CITY-ST-ZIP	ST PETE BCH FL 33706		CITY-ST-ZIP	ST PETE BEAC	H, FL 33706				
TITLE	VD	<b>⊠</b> Delete	TITLE	5/D		🔀 Change	☐ Addition		
NAME	ROGERS, GEORGE A.		NAME		RGE A.				
STREET ADDRESS	1005 GULF WAY		STREET ADDRESS	ROGERS GEON	AY ··		}		
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 337	06	CITY-ST-ZIP	ST PETE BEACE	H, FL 33706				
TITLE	D	🔀 Delete	TITLE	D Q		Change	X Addition		
NAME	WEIR, JOHN		NAME	FONTAINE, NEA	PNE				
STREET ADDRESS	6640 GULF BLVD		STREET ADDRESS	6500 SUNSET	WAY #117		J		
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 337	06	CITY-ST-ZIP	ST PETE BEACH	1, FL 33706		_		
TITLE	D	🔀 Delete	TITLE	D		☐ Change	🔀 Addition		
NAME	WARD, JOAN		NAME	WESTMARK, D 9555 BLIND PAS	AND		ļ		
STREET ADDRESS	2242 VINA DEL MAR W		STREET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 337	06	CITY-ST-ZIP	ST PETE BEACH,	FL 33706		}		

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.

REQUIREDKATHY MILLER