

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90162 023 ****61.25

DOCUMENT # 714869

1. Entity Name

**FRIENDS OF ST PETERSBURG BEACH PUBLIC LIBRARY, I
NC.**



Principal Place of Business

**365 73RD AVENUE
ST. PETERSBURG BEACH FL 33706
US**

Mailing Address

**365-73RD AVE
ST PETE BCH FL 33706
US**

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 **59-6216588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHIPPLE, ROBERTA
365 73RD AVENUE
ST. PETERSBURG BCH FL 33706**

Name

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **MILLER, KATHY**
STREET ADDRESS **6650 SUNSET WAY #414**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

TITLE **D** ☐ Change ☒ Addition
NAME **TRAIMAN, STEVE**
STREET ADDRESS **420 64 TH. AVE., #706**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **VD** ☒ Delete
NAME **FORANDA, LEISA**
STREET ADDRESS **311 70TH AVE**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

TITLE **D** ☐ Change ☒ Addition
NAME **NEWARK, PATRICIA E.**
STREET ADDRESS **4545 PLAZA WAY**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706-2513**

TITLE **TD** ☒ Delete
NAME **ANUNDSON, LYLE**
STREET ADDRESS **116 44TH AVE**
CITY-ST-ZIP **ST PETE BCH FL 33706**

TITLE **D** ☐ Change ☒ Addition
NAME **FONTAINE, SUE**
STREET ADDRESS **6500 SUNSET WAY, #A 117**
CITY-ST-ZIP **ST. PETE BEACH, FL 33706**

TITLE **SD** ☒ Delete
NAME **ROGERS, GEORGE A.**
STREET ADDRESS **1005 GULF WAY**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**

TITLE **D** ☐ Change ☒ Addition
NAME **PETERS, MERL**
STREET ADDRESS **360 CAPRI BLVD, #1**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **D** ☐ Delete
NAME **CORBETT, CLIFTON**
STREET ADDRESS **4991 BECOPA LANE, #101**
CITY-ST-ZIP **SAINT PETERSBURG FL 33715**

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

TITLE **D** ☒ Delete
NAME **DAWSON, CYNDI**
STREET ADDRESS **3082 W. VINA DEL MAR BLVD**
CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE **D** ☐ Change ☒ Addition
NAME **LOCKWOOD, MILLIE**
STREET ADDRESS **8931 BLIND PASS RD, #262**
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.

SIGNATURE:

Signature of Registered Agent
SIGNATURE REQUIRED

APRIL 24, 2003

CR2E037 (10/02)