

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 17, 2000 8:00 am
Secretary of State

04-18-2000 90176 027 ****61.25

DOCUMENT # 720506

1. Entity Name

FRIENDS OF THE GULFPORT PUBLIC LIBRARY, INC.

Principal Place of Business

LIBRARY INC
5501 28TH AVE SO
GULFPORT FL 33707

Mailing Address

LIBRARY INC
5501 28TH AVE SO
GULFPORT FLA 33707-5555

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

23-7112791

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

~~TRUSSELL, WILLIAM~~
~~925 GRAY ST. SO.~~
~~GULFPORT FL 33707~~

ROHDE, MIRIAM
5501 28TH AVE S.
GULFPORT, FL 33707

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.

SIGNATURE

Miriam R. Rohde

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, JUANITA	
STREET ADDRESS	5980 SHORE BLVD S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	FVP	<input type="checkbox"/> Delete
NAME	ROHDE, MIRIAM	
STREET ADDRESS	5955 30TH AVE S. #114	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	GLOZAK, BARBARA	
STREET ADDRESS	6012 TANGERINE AVE. S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	COVINGTON, JOHN	
STREET ADDRESS	5955 30 AVE S. #402	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WOLLAM, DON.	
STREET ADDRESS	1125-60 ST. SO.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGS, JANE	
STREET ADDRESS	1015 59TH ST. S.	
CITY-ST-ZIP	GULFPORT FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELMONT, JOYCE	
STREET ADDRESS	6020 SHORE BLVD S. #605	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHDE, MIRIAM	
STREET ADDRESS	5955 30TH AVE S. #114	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAYTON CAROLINE	
STREET ADDRESS	5450 PELICAN BAY PLAZA	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	FVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVINGTON JOHN	
STREET ADDRESS	5955 30th AVE S. #402	
CITY-ST-ZIP	GULFPORT, FL 33707	
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:

JOHN COVINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727347-2893

CR2E037 (9/99)