

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90073 046 ****61.25

DOCUMENT # 727783

1. Entity Name

FRIENDS OF THE BLAKE LIBRARY IN STUART, INC.

Principal Place of Business

2351 SE MONETREY RD
 STUART FL 34994

Mailing Address

2351 SE MONETREY RD
 STUART FL 34994

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 **59-6155142**

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

~~MACCARRY, ROBERT WOOD~~
~~1444 SE ST LUCIE BLVD~~
~~STUART FL 34996~~

BILL ZIEGLER
17 EMARITA WAY
STUART, FL 34996

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMAHON, JAMES 57 SEWALL'S PT RD STUART FL 34996	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIE, MILTON 103 S. SEWALL'S PT. RD. STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BPD BARCK, NINA 24 N VIA LUCINDIA STUART FL 34994	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ZIEGLER, WILLIAM 17 EMERITA WAY STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACCARRY, ROBERT W 1444 SW ST LUCIE BLVD STUART FL 34996	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOHUE, EDITH 144 NE EDGEWATER DR #3103 STUART FL 34996	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ELECT D PAMELA CARROZZA 7248 SEMAGELLEN DR STUART FL 34997	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAUREEN O'CONNOR 14 EMARITA WAY STUART FL 34996	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: **Edith M Donohue**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02

Date

772-225-0644

Daytime Phone #

CR2E037 (9/01)