2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 17, 2001 8:00 am Secretary of State DOCUMENT # 728179 FRIENDS OF THE PENSACOLA PUBLIC LIBRARY, INC. 01-17-2001 90069 050 ****61.25 Principal Place of Business Mailing Address 200 WEST GREGORY ST. ATTN: ANN MCINTYRE PENSACOLA FL 32501 900 NORTH 12TH AVENUE AUUUD: 31 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Secretary Great Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7368565 Not Applicable Country Country \$8.75 Additional 7in 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BAER, GAIL F 1775 E. TEXAR DRIVE PENSACOLA FL 32503 Zin Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: П Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President PD ☐ Addition Delete TITI F TITLE NAME Charlie Peppler VEAL, PATTY NAME STREET ADDRESS STREET ADDRESS 1266 MAHOGANY MILL ROAD 281 Beacon Rd CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 Pensacola Vice President (V) William Dickerson □ Addition ☐ Delete TITLE TD TITLE NAME NAME BAER, GAIL STREET ADDRESS STREET ADDRESS 1775 EAST TEXAR DRIVE CITY-ST-ZIP CITY-ST-7iP PENSACOLA FL 32503 Secretary ■ Addition Delete TITLE TITLE PEPPLER, CHARLIE NAME STREET ADDRESS STREET ADDRESS 281 BEACON ROAD CITY-ST-ZIP Pensacola FL 32503 CITY-ST-ZIP PENSACOLA FL 32503 ☐ Change ☐ Addition TITLE SD 🔀 Delete TITI F NAME HUBBS, JILL NAME STREET ADDRESS STREET ADDRESS 2051 DOWNING DRIVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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