

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 25, 2002 8:00 am  
Secretary of State

03-25-2002 90034 048 \*\*\*\*61.25

DOCUMENT # 728179

1. Entity Name

FRIENDS OF THE PENSACOLA PUBLIC LIBRARY, INC.

Principal Place of Business

Mailing Address

200 WEST GREGORY ST.  
PENSACOLA FL 32501

ATTN: ANN MCINTYRE  
900 NORTH 12TH AVENUE  
PENSACOLA FL 32501

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

23-7368565

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

BAER, GAIL F  
1775 E. TEXAR DRIVE  
PENSACOLA FL 32503

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 PD  
NAME PEPPLER, CHARLIE  
STREET ADDRESS 281 BEACON RD  
CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

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

TITLE VPD  
NAME DICKERSON, WILLIAM  
STREET ADDRESS 1775 EAST TEXAR DRIVE  
CITY-ST-ZIP PENSACOLA FL 32503 ☒ Delete

TITLE Terri Jesmonth  
NAME 326 Deerpoint Dr  
STREET ADDRESS Gulf Breeze, FL 32561  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME BARNETT, JODIE  
STREET ADDRESS 2051 DOWNING DRIVE  
CITY-ST-ZIP PENSACOLA FL 32505 ☒ Delete

TITLE Dan North  
NAME 8619 North Davis Hwy, 7D  
STREET ADDRESS Pensacola, FL 32514  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

Date

850-470-0232

Daytime Phone #

CR2E037 (9/01)