

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90027 035 ****61.25

DOCUMENT # 729968

1. Entity Name

FRIENDS OF THE INDIAN ROCKS BEACH LIBRARY, INC.

Principal Place of Business

Mailing Address

C/O CITY HALL
 1507 BAY PALM BLVD
 INDIAN ROCKS BEACH FL 33785
 US

C/O CITY HALL
 1507 BAY PALM BLVD
 INDIAN ROCKS BEACH FL 33785-2827
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7418334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGILLIVRAY, JEANNETTE
1108 GULF BLVD
SUITE 202
INDIAN ROCKS BEACH FL 33785

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

Jeannette McGillivray
 Jeannette McGillivray

3-20-2000

Signature, typed or printed name of registered agent acceptable. (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	T	<input type="checkbox"/> Delete
NAME	MCGILLIVRAY, JEANNETTE	
STREET ADDRESS	1108 GULF BLVD., #202	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SCHLISING, CORRINE	
STREET ADDRESS	2403 BAY BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	VLADIMIR, DIANE	
STREET ADDRESS	1 WINDRUSH BLVD., #58	
CITY-ST-ZIP	BELLEAIR BCH FL 33786	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNEY, BETTY	
STREET ADDRESS	111 7TH ST	
CITY-ST-ZIP	BELLEAIR BCH FL 33786	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELM, IRENE	
STREET ADDRESS	484 HARBOR DR N	
CITY-ST-ZIP	INDIAN ROCKS BC 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIODY, KATHY	
STREET ADDRESS	2618 N GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	

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	
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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:

Jeannette McGillivray
 Jeannette McGillivray

3-20-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)