

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90592 018 ****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
 US

00017034



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGILLIVRAY, JEANETTE
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, Treasurer

Feb. 5 2001

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 Delete
 NAME **T MCGILLIVRAY, JEANETTE**
 STREET ADDRESS **1108 GULF BLVD., #202**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AT SCHLISING, CORRINE**
 STREET ADDRESS **2403 BAY BLVD**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VLADIMIR, DIANE**
 STREET ADDRESS **1 WINDRUSH BLVD., #58**
 CITY-ST-ZIP **BELLEAIR BCH FL 33786**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DOWNEY, BETTY**
 STREET ADDRESS **111 7TH ST**
 CITY-ST-ZIP **BELLEAIR BCH FL 33786**

TITLE Change Addition
 NAME **1st VP Emily Maney**
 STREET ADDRESS **2008 Beach Trail**
 CITY-ST-ZIP **Indian Rocks Beach 33785**

TITLE Delete
 NAME **D ELM, IRENE**
 STREET ADDRESS **484 HARBOR DR N**
 CITY-ST-ZIP **INDIAN ROCKS BC 33785**

TITLE Change Addition
 NAME **2nd VP Carol Waite**
 STREET ADDRESS **2403 A Bay Blvd. IRB 33785**
 CITY-ST-ZIP

TITLE Delete
 NAME **D BRIODY, KATHY**
 STREET ADDRESS **2618 N GULF BLVD**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE Change Addition
 NAME **Rec. Scy Alice Reynolds**
 STREET ADDRESS **14415 Bay Hills Dr.**
 CITY-ST-ZIP **Largo, 33774**

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 **SIGNATURE REQUIRED** Jeannette McGillivray *2/5/01* *727-5955517*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)