

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90100 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
 US

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 **23-7418334**

Applied For
 Not Applicable

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, 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 JEANETTE MCGILLIVRAY Jeannette McGillivray 1-14-02
 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	T	<input type="checkbox"/> Delete
NAME	MCGILLIVRAY, JEANETTE	
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	2nd VP	<input type="checkbox"/> Delete
NAME	VLADIMIR, DIANE	
STREET ADDRESS	1 WINDRUSH BLVD., #58	
CITY-ST-ZIP	BELLEAIR BCH FL 33786	
TITLE	WR P	<input type="checkbox"/> Delete
NAME	MANEY, EMILY	
STREET ADDRESS	2008 BEACH TRAIL	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	WAITE, CAROL	
STREET ADDRESS	2403 A BAY BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	RS	<input type="checkbox"/> Delete
NAME	RAYNOLDS, ALICE	
STREET ADDRESS	14415 BAY HILLS DRIVE	
CITY-ST-ZIP	LARGO FL 33774	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maney, Emily	
STREET ADDRESS	2008 Beach Trail	
CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE	1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Downey, Betty	
STREET ADDRESS	1873 CL Harbor Dr.	
CITY-ST-ZIP	LARGO, FL 33770	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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: JEANETTE MCGILLIVRAY 1-14-02 (727) 5961522
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)