## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 729968

1. Entity Name

FRIENDS OF THE INDIAN ROCKS BEACH LIBRARY, INC.



**FILED** Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90071 035 \*\*\*\*61.25



| C/O CITY HAL<br>1507 BAY PAL<br>INDIAN ROCKS<br>US | S BEACH FL 33785                                       | Mailing Address C/O CITY HALL Find an Rocks Beach 1507 BAY PALM BLVD INDIAN ROCKS BEACH FL 33785 US  3. Mailing Address |                 |  |                             |                                  |                       |                           |                            |  |
|--|--|---|-----------------|--|-----------------------------|----------------------------------|-----------------------|---------------------------|----------------------------|--|
| -  | Place of Business City Hell                            | Indian tacks Beach City Hall  |                 |  |                             |                                  |                       | II UIUI ID <del>i</del> i |                            |  |
| Suite, Apt.<br>1507 Ba                             | Ly Palm Blud   | 1507 Bay Falm Blud  |                 |  |                             | ☑ CHECK HERE IF MAKING CHANGES   |                       |                           |                            |  |
| City & Stat  | Rocks Beach, FL  | Indian Rocks Beach, F   |                 |  | 4. FEI Number 2             | 4. FEI Number 23-7418334         |                       |                           | Applied For Not Applicable |  |
| 33783  | Country<br>USA   | 33785   | P)              | S'A  | 5. Certificate of S         | tatus Desired                    | S8.75 Add Fee Require |                           |                            |  |
|  | 6. Name and Address of Current                         |   |                 |  | 7. Name and Add             | tress of New Reg                 | istered Agent         |                           | ]                          |  |
|  |  |   |                 | Name Em  | ily MANE                    | <b>Y</b>                         |                       |                           |                            |  |
| MCGILLIVRAY, JEANETTE                              |  |   |                 | Street Address (F.O. Box Number is Not Acceptable) |                             |                                  |                       |                           |                            |  |
| 1108 GULF BLVD<br>SUITE 202                        |  |   |                 | 150  | 7 bay rai                   | <u> 13 /46</u>                   | <u> </u>              |                           | -                          |  |
|  | ROCKS BEACH FL 33785                                   |   |                 |  |                             |                                  |                       |                           |                            |  |
| HIDDUTT  | IOONO BENOTTE 33763                                    |   |                 | Citation   | n Rocks Bea                 | ah                               | FL Zio Coo            | سر وا                     | ]                          |  |
| 8. The above                                       | named entity submits this statement for                | r the purpose of changing its   | reaistere       | ed office or real                                  | stered agent, or both, in   | the State of Florid              | L43 /                 | ~_                        | 1                          |  |
|  | tions of registered agent.                             | ,   | - J             |  |                             |                                  |                       | and addopt                |                            |  |
|  | Vm. 1  |   | 6               | 0.11   | 11/2                        |                                  | 9 /                   | _                         | -                          |  |
| SIGNATURE .  | X Emily Moviey, Pr                                     | es. X   | app             | uf 1   | 19esella                    | •                                | 3-24-03               | <del>'</del>              |                            |  |
| -` '   | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE  | : Registere     | d Agept ofgnature roo                              | uired when reinstating      |                                  | DATE                  |                           |                            |  |
|  | FILE NOW: FEE IS \$61.25                               | paign F<br>ontributi  | inancing<br>on. | \$5.00 May Be<br>Added to Fees                     |                             | Check Payable<br>Department of S |                       |                           |                            |  |
| 10.  | OFFICERS AND DIF                                       | RECTORS   | 11.             |  | ADDITIONS/CHANG             | ES TO OFFICERS                   | AND DIRECTORS IN      | 10                        | 1.                         |  |
| TITLE  | T  | 🔀 Delete  | TITLE           | 2  | -ily Maney                  |                                  | Change                | ☐ Addition                | S                          |  |
| NAME   | MCGILLIVRAY, JEANETTE                                  |   | NAM             |  | nily Maney<br>08 Beach T    | أعمرا                            |                       |                           | 15                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP                      | 1108 GULF BLVD., #202                                  | •   |                 | ET ADDRESS Z.C                                     | 98 DEACH                    | · · ·                            |                       |                           | 6                          |  |
|  | INDIAN ROCKS BEACH FL 33785                            |   | CITY            | -ST-ZIP IT   | idian Rocks                 | Beach, F                         |                       |                           | ١                          |  |
| TITLE<br>NAME                                      | AT<br>SCHLISING, CORRINE                               | Delete .  | TITLE           | 1/0  | rna Lavign                  | e                                | 🔀 Change              | Addition                  | è                          |  |
| STREET ADDRESS                                     | 2403 BAY BLVD  |   | NAMI<br>. etde  | ET ADDRESS 44                                      | 1 ZOTA AVE                  |                                  |                       |                           |                            |  |
| CITY::ST-ZIP                                       | INDIAN ROCKS BEACH FL-33785                            |   |                 | -ST-ZIP  | ndian Rocks                 | Beach F                          | 133785                |                           |                            |  |
| TITLE  | D  | Delete  | TITLE           | 0.   | 7                           |                                  | Change                | Addition                  | 1                          |  |
| NAME   | VLADIMIR, DIANE  | Delete  | NAME            | He   | len procto<br>60 N. Harbo   | · Y _                            | E Change              | Addition                  |                            |  |
| STREET ADDRESS                                     | 1 WINDRUSH BLVD., #58                                  |   |                 | ET ADDRESS 🚜                                       | 60 N. Harbo                 | r Dr.                            |                       |                           |                            |  |
| CITY-ST-ZIP  | BELLEAIR BCH FL 33786                                  |   | CITY-           | -ST-ZIP  | dian Rocks                  | Bead.                            | F13378                | 5                         |                            |  |
| TITLE  | 1VP  | Delete  | TITLE           | 37   | P                           | <u> </u>                         | ■ Change              | ☐ Addition                |                            |  |
| NAME   | MANEY, EMILY   | <b>,</b>  | NAME            | : [Co  | rrine Schli<br>103 Bay Blva | \$179                            |                       |                           | ĺ                          |  |
| STREET ADDRESS                                     | 2008 BEACH TRAIL                                       |   | STRE            | et address 🛂 4                                     | 103 Bay BIVE                | ,                                | _                     |                           | ĺ                          |  |
| CITY-ST-ZIP  | INDIAN ROCKS BEACH FL 33785                            | <u> </u>  | CITY-           | ST-ZIP Is  | dian Rocks                  | Beach /                          | FL 33785              |                           | ĺ                          |  |
| TITLE  | P  | Delete  | TITLE           | $\mathcal{D}$                                      |                             |                                  | Change                | Addition                  | {                          |  |
| NAME   | MANEY, EMILY   |   | NAME            | Cal  | ol waite                    | Kenl                             |                       |                           | ĺ                          |  |
| STREET ADDRESS                                     | 2008 BEACH TRL   |   |                 | ET ADDRESS   | 103A Bay B                  | , A = - [                        | 610000                | _                         |                            |  |
| CITY-ST-ZIP  | INDIAN ROCKS BEACH FL 33785                            |   |                 | Ī  | dian Rock                   | 5 Deach,                         | FL 33785              |                           |                            |  |
| TITLE  | rs<br>Raynolds, alice                                  | Delete  | TITLE           | 7  | to Drien = 1                | (                                | Change                | ☐ Addition                |                            |  |
| NAME<br>STREET ADDRESS                             | 14415 BAY HILLS DRIVE                                  |   | NAME            | ET ADDRESS   | Ts Priscol<br>VIN Harbo     | - D=                             |                       |                           |                            |  |
| CITY-ST-ZIP  | LARGO FL 33774   |   |                 | ST-ZIP   | ndien Rock                  | L                                | f1 22 70              |                           |                            |  |
| 40   | DINO I LUQUIT  |   | 3111-           | <u> </u>   | naten Rock                  | 15 Deckey                        | 1 33 183              | 2                         |                            |  |

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 suppliemental 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 receiven 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 a second control of the corporation of the receiven or t

SIGNATURE: