

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736347

1. Entity Name

FRIENDS OF THE SELBY PUBLIC LIBRARY, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 029 ****61.25

Principal Place of Business

P.O. BOX 2255
 SARASOTA FL 34236
 US

Mailing Address

1331 FIRST STREET
 SARASOTA FL 34236
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1715741

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

SCHNELL, INA
 1530 HARBOR SIDE DR
 LONGBOAT KEY FL 34228

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
 After September 13, 2000 min. will be \$236.25

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 P ☐ Delete
 NAME SCHNELL, INA
 STREET ADDRESS 1530 HARBOR SIDE DR
 CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE VPD ☒ Delete
 NAME MCALINDEN, VIRGINIA
 STREET ADDRESS 4053 CENTER POINTE PL
 CITY-ST-ZIP SARASOTA FL 34233

TITLE ☒ Change ☐ Addition
 NAME 1st V.P.
 STREET ADDRESS Alan Quinby
 CITY-ST-ZIP 3432 Mistake Lane Longboat Key, FL 34208

TITLE D ☒ Delete
 NAME PEDERSEN, ELEANOR
 STREET ADDRESS 4026 LYNDBURST CIRCLE
 CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Change ☐ Addition
 NAME 2nd V.P.
 STREET ADDRESS Betty Turner
 CITY-ST-ZIP 3540 Bayou Circle Longboat Key, FL 34208

TITLE TD ☒ Delete
 NAME WEIDINGER, LILO
 STREET ADDRESS 888 BLVD OF THE ARTS, #1503
 CITY-ST-ZIP SARASOTA FL 34236

TITLE ☒ Change ☐ Addition
 NAME Treasurer
 STREET ADDRESS Gordon G. Byrne
 CITY-ST-ZIP 6145 Fairfield Ave S St. Pete, FL 33707

TITLE D ☐ Delete
 NAME BROWN, JEANNE
 STREET ADDRESS 2550 HARBOURSIDE DR, #312
 CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/00

941-366-2983

Date

Daytime Phone #

CR2E037 (5/00)