

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90021 041 ****61.25

DOCUMENT # 737848

1. Entity Name

FRIENDS OF THE GULF GATE LIBRARY, INC.

Principal Place of Business

Mailing Address

7112 CURTISS AVE.
 SARASOTA FL 34231

7112 CURTISS AVE.
 SARASOTA FL 34231

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

59-1719248

Applied For

Not Applicable

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

KEENEY, JIM D.
2070 RINGLING BLVD.
SARASOTA FL 34237

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

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	DD	<input checked="" type="checkbox"/> Delete
NAME	EUGENE, DALZY	
STREET ADDRESS	2810 LARK LANE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BALEKD JIAN, ANNE	
STREET ADDRESS	4730 OLD FARM RD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	S	<input type="checkbox"/> Delete
NAME	KINNEY, FLORENCE	
STREET ADDRESS	4136 BOWLING GREEN CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARSHALL, A.E.	
STREET ADDRESS	3825 TORREY PINES BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALEKOJIAN, ANNE	
STREET ADDRESS	4730 OLD FARM RD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKING GIACURSE	
STREET ADDRESS	3400 MONTE VEGO	
CITY-ST-ZIP	SARASOTA FL 34238	
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:

A.E. Marshall Jr. **A.E. MARSHALL JR.** 2/7/02 (941) 924-2213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)