

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739925

1. Entity Name

FRIENDS OF THE NEW SMYRNA BEACH REGIONAL LIBRARY

Principal Place of Business

1001 S DIXIE FWY
NEW SMYRNA BEACH FL 32168
US

Mailing Address

1001 S DIXIE FWY
NEW SMYRNA BEACH FL 32168
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

59-2504433

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

LONG, RUSSELL
1001 S DIXIE HWY
NEW SYMRNA BEACH FL 32168

Name

Suzan J. Howes

Street Address (P.O. Box Number is Not Acceptable)

1001 S. Dixie Freeway

City

New Smyrna Beach

FL

Zip Code

32168

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

Suzan J. Howes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 16, 2001

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 PD
NAME DOWLING, PATRICIA
STREET ADDRESS 48 FORE DR
CITY-ST-ZIP NEW SMYRNA BEACH FL ☐ Delete

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

TITLE VPD
NAME GRAHER, BETTY
STREET ADDRESS 3700 S ATLANTIC AVE #111
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

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

TITLE CSD
NAME CESAN, GINNY
STREET ADDRESS 5 ANDREA DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE TD
NAME DONNELLY, MARY C
STREET ADDRESS 810 PINE SHORES CIR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

MARY C. DONNELLY

Date

01-17-01

Daytime Phone #

CR2E037 (10/00)