

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90833 045 ****61.25

DOCUMENT # 739925

1. Entity Name

**FRIENDS OF THE NEW SMYRNA BEACH REGIONAL LIBRARY
INC.**



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

**HOWES, SUZAN J
1001 S DIXIE HWY
NEW SMYRNA BEACH FL 32168**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
PD	DOWLING, PATRICIA	48 FORE DR	NEW SMYRNA BEACH FL	☐
VPD	GRAHER, BETTY	3700 S ATLANTIC AVE #111	NEW SMYRNA BEACH FL 32169	☐
CSD	CESAN, GINNY	5 ANDREA DR	NEW SMYRNA BEACH FL 32168	☐
TD	RISSELL, ROBERT A	440 BALTIMORE CIR	NEW SMYRNA BEACH FL 32168	☒
				☐
				☐

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:

Signature of Robert A. Russell **REQUIREMENT** **TAYLOR T** **02-19-03 (386) 427-8446**

CR2E037 (10/02)