

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745900

1. Entity Name

FRIENDS OF THE MONROE COUNTY PUBLIC LIBRARY IN K

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90048 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

700 FLEMING ST.  
 KEY WEST FL 33040-6828

1025 FLEMING STREET  
 KEY WEST FL 33040-6962  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1897084

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

CLEMENTS, THOMAS  
 1025 FLEMING ST.  
 KEY WEST FL 33040

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          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MILLER, MICHAEL          |  |
| STREET ADDRESS | 625 ANGELA STREET        |  |
| CITY-ST-ZIP    | KEY WEST FL              |  |
| TITLE          | VD                       | <input type="checkbox"/> Delete            |
| NAME           | READ, NELSON             |  |
| STREET ADDRESS | 1509 PATRICIA ST         |  |
| CITY-ST-ZIP    | KEY WEST FL 33040        |  |
| TITLE          | TD                       | <input type="checkbox"/> Delete            |
| NAME           | CLEMENTS, THOMAS         |  |
| STREET ADDRESS | 1025 FLEMING             |  |
| CITY-ST-ZIP    | KEY WEST FL              |  |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | KESAR, AMANDA            |  |
| STREET ADDRESS | 918 SOYTHARD ST. APT 105 |  |
| CITY-ST-ZIP    | KEY WEST FL 33040        |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME           | READ, NELSON       |  |
| STREET ADDRESS | 1509 PATRICIA ST   |  |
| CITY-ST-ZIP    | KEY WEST, FL 33040 |  |
| TITLE          | VD                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete |
| NAME           | JACOBSON, BARBARA  |  |
| STREET ADDRESS | 618 GRINNELL ST    |  |
| CITY-ST-ZIP    | KEY WEST, FL 33040 |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Delete            |
| 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)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #