# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 28, 2000 8:00 am**
**Secretary of State**
01-28-2000 90068 023 ****61.25

DOCUMENT # 752434

1. Entity Name

FRIENDS OF THE LIBRARIES OF PALM BAY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1520 PORT MALABAR BLVD. NE.<br>PO BOX 931<br>PALM BAY FL 32906 | 1520 PORT MALABAR BLVD. NE.<br>PO BOX 931<br>PALM BAY FL 32905-5440 |

DO NOT WRITE IN THIS SPACE

| 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 59-2172600 ☐ 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 |
|---|---|
| PORTNOWITZ, PATRICIA<br>1520 PORT MALABAR BLVD NE.<br>PALM BAY, FL FL 32905 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CORBEIL, CATHY<br>798 BOC CIR NW<br>PALM BAY FL ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>FRAN SENTNER<br>1664 Sunnybrook Ln,K203 NE<br>Palm Bay, FL 32905 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GAST, EVELYN<br>1646 DAWES ROAD NE<br>PALM BAY FL 32905 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COYNE, JEAN<br>805 TETLOW CT NE<br>PALM BAY FL 32905 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ROLLINS, JOHN<br>4680-3 LAKE WATERFORD WAY<br>MELBOURNE FL 32901 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SULLIVAN, CHRISTEEN<br>194 DEL MUNDO ST, NW<br>PALM BAY FL 32907 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | KAREN LINNEN<br>VD<br>1572 Waldorf Cir NE<br>Palm Bay, FL 32905 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SENTNER, FRAN<br>1664 SUNNYBROOK LN, K-203, NE<br>PALM BAY FL ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Kim Heitsch<br>1755 Plantation Cir.,SE<br>Palm Bay, FL 32909 ☒ Change ☐ Addition |

CR2E037 (9/99)

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:** Evelyn Gast 1-24-00 321-676-5825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #