# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 04, 2002 8:00 am**
**Secretary of State**
02-04-2002 90135 007 ****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 32906 |

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 | 1VD<br>WILLIAMS, NORMA<br>998 BRIARWOOD BLVD NE<br>PALM BAY FL 32905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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~~ RSD<br>COYNE, JEAN<br>805 TETLOW CT NE<br>PALM BAY FL 32905 | ~~XX~~ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RSD<br>COYNE, JEAN | X Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ROLLINS, JOHN<br>4680-3 LAKE WATERFORD WAY<br>MELBOURNE FL 32901 | ☐ Delete XX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HEITSCH, KIMBERLY<br>1755 Plantation Cir. SE<br>Palm Bay, FL 32909 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RSD<br>HEITSCH, KIM<br>1755 PLANTATION CIR SE<br>PALM BAY FL 32909 | ☐ Delete XX | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CSD<br>CILLIS, ROSE<br>1491 Sandusky St. SE<br>Palm Bay, FL 32909 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VD<br>SENTNER, FRAN<br>1664 SUNNYBROOK LN, K-203, NE<br>PALM BAY FL 32905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 D Gast SIGNATURE REQUIRED Evelyn D. Gast 1/10/02 321-676-5825