

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91616 043 ****61.25

DOCUMENT # 759317

1. Entity Name

FRIENDS OF THE HIGHLAND BEACH TOWN LIBRARY, INC.

Principal Place of Business

Mailing Address

INC.
 C/O 3614 SOUTH OCEAN BOULEVARD
 HIGHLAND BEACH FL 33487

INC.
 C/O 3614 SOUTH OCEAN BOULEVARD
 HIGHLAND BEACH FL 33487

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

59-2121478

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

BRASNAHAN, ALFRED E.
3310 S OCEAN BLVD.
626
HIGHLAND BEACH FL 33487

Name **Diane Behrman c/o Library**
 Street Address (P.O. Box Number is Not Acceptable) **3614 3rd S. Ocean Blvd**
 City **Highland Beach** FL Zip Code **33487**

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 type="checkbox"/> Delete |
| NAME | BRASNAHAN, ALFRED E | |
| STREET ADDRESS | 3310 S. OCEAN BLVD., #626 | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HAMERMAN, RUTH | |
| STREET ADDRESS | 4740 S OCEAN BLVD #1114 | |
| CITY-ST-ZIP | HIGHLAND BCH FL 33487 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BEHRMAN, DIANE | |
| STREET ADDRESS | 4740 S OCEAN BLVD | |
| CITY-ST-ZIP | HIGHLAND BCH FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BROWNER, S. MYRON | |
| STREET ADDRESS | 4740 S. OCEAN BLVD # 102 | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SNYDER, CAROL R | |
| STREET ADDRESS | 3114 SOUTH OCEAN BLVD. | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FREINOTH, VIRGINIA | |
| STREET ADDRESS | 3114 SOUTH OCEAN BLVD. | |
| CITY-ST-ZIP | HIGHLAND BEACH FL 33487 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | PD JOANNE FREEMAN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 3912 So. Ocean Blvd. Apt. 1214 | |
| STREET ADDRESS | HIGHLAND BEACH, FL 33487 | |
| CITY-ST-ZIP | | |
| TITLE | D Dr. Perry Bard | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 3636 S. Ocean Blvd | |
| STREET ADDRESS | Highland Beach, FL 33487 | |
| CITY-ST-ZIP | | |
| TITLE | PD ROSALIE STEIER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 4600 S. OCEAN BLVD. #203 | |
| STREET ADDRESS | HIGHLAND BEACH, FL 33487 | |
| CITY-ST-ZIP | | |
| TITLE | Mary Barlow | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 1034 Bel Lydo Dr. | |
| STREET ADDRESS | Highland Bch, FL 33487 | |
| CITY-ST-ZIP | | |
| TITLE | Ruthie Fay Waldman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 4740 S. Ocean Blvd PH5 | |
| STREET ADDRESS | Highland Bch, FL 33487 | |
| 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)(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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)