

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90128 042 ****61.25

DOCUMENT # 760887

1. Entity Name

FRIENDS OF THE BOYNTON BEACH CITY LIBRARY, INC.

Principal Place of Business

Mailing Address

208 S SEACREST BLVD
 BOYNTON BCH FL 33435

208 S SEACREST BLVD
 BOYNTON BCH FL 33435-4452

907509



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

59-2276356

Applied For

Not Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

VIRGINIA K. FARACE
208 S. SEACREST BLVD.
BOYNTON BEACH FL 33435

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:
FEF 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

TITLE	D	<input type="checkbox"/> Delete
NAME	TATA, MARYANN	
STREET ADDRESS	2637 SW 23 CRANBROOK CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DOABECKER, VIRGINIA	
STREET ADDRESS	1707 BANYON CREEK CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELCH, BETTY A	
STREET ADDRESS	636 W OCEAN AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNIE SWENDSEEN	
STREET ADDRESS	10520 LIMBERRY DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ARMSTRONG, LIZABETH	
STREET ADDRESS	4376 PINE TREE DRIVE	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	SHIEL, BENNI	
STREET ADDRESS	897 SUNDECK WAY	
CITY-ST-ZIP	BOYNTON BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARADISI, DOROTHY	
STREET ADDRESS	3653 Quail Ridge Dr	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIANNE STALZER	
STREET ADDRESS	10620 Greentree Dr.S.	
CITY-ST-ZIP	Boynton Beach, FL 33436	

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:

Elizabeth L Armstrong Treasurer 1/21/2000

561-364-0609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ELIZABETH L ARMSTRONG**

Daytime Phone #