

2000 UNIFORM BUSINESS REPORT (UBR)

3/13/00-90015-017-\$61.25-\$61.25

DOCUMENT # 766345

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
FRIENDS OF THE HOBE SOUND LIBRARY, INC.

Principal Place of Business 8985 SE BRIDGE ROAD P.O. BOX 602 HOBE SOUND FL 33475-7602	Mailing Address 8985 SE BRIDGE ROAD P.O. BOX 602 HOBE SOUND FL 33475-0602
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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 **59-2274663** 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

**INMAN, MARY JANE
8492 SE DRIFTWOOD ST.
HOBE SOUND FL 33455**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	TD	<input type="checkbox"/> Delete
NAME	DUXBURY, JUDY	
STREET ADDRESS	12142 SE HECKER STREET	
CITY-ST-ZIP	HOBE SOUND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	LONEK, ANN	
STREET ADDRESS	8259 SE CROFT CIR	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, WILFORD JR	
STREET ADDRESS	8620 SE SABAL ST	
CITY-ST-ZIP	HOBE SOUND FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PRESTEGARD, TOM	
STREET ADDRESS	8931 SE EAGLE AVENUE	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	President/ Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Prestegard, Tom	
STREET ADDRESS	8931 S.E. Eagle Avenue	
CITY-ST-ZIP	Hobe Sound, Florida 33455	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Mueller	
STREET ADDRESS	6340 S. E. Ames Way	
CITY-ST-ZIP	Hobe Sound, Florida 33455	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: Judy Duxbury **DUPLICATE REQUIRED** Duxbury Date: 2/14/2000 Daytime Phone: 561-546-5739

CR2007 (9/99)