

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90188 040 \*\*\*\*61.25

**DOCUMENT # 766345**

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 33475-7602

2. Principal Place of Business

**10595 S. E. Federal Highway**

3. Mailing Address

**P. O. Box 602**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hobe Sound, FL**

City & State

**Hobe Sound, FL**

4. FEI Number

**59-2274663**

Applied For

Not Applicable

Zip  
**33455**

Country  
**Martin**

Zip  
**33475**

Country  
**Martin**

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

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 **TD**  Delete  
**DUXBURY, JUDY**  
 STREET ADDRESS  
 CITY-ST-ZIP **12142 SE HECKER STREET**  
**HOBE SOUND FL**

TITLE  
 NAME  Change  Addition

TITLE  
 NAME **SD**  Delete  
**LONEK, ANN**  
 STREET ADDRESS  
 CITY-ST-ZIP **8259 SE CROFT CIR**  
**HOBE SOUND FL 33455**

TITLE  
 NAME **Secretary/Director**  Change  Addition  
**Mary Lopopolo**  
 STREET ADDRESS  
 CITY-ST-ZIP **8192 S. E. Cumberland Circle**  
**Hobe Sound, FL 33455**

TITLE  
 NAME **VD**  Delete  
**MUELLER, CAROL**  
 STREET ADDRESS  
 CITY-ST-ZIP **6340 S.E. AMES WAY**  
**HOBE SOUND FL 33455**

TITLE  
 NAME **Vice President/Director**  Change  Addition  
**M. L. Hurst**  
 STREET ADDRESS  
 CITY-ST-ZIP **P. O. Box 472**  
**Hobe Sound, FL 33475**

TITLE  
 NAME **PD**  Delete  
**PRESTEGARD, TOM**  
 STREET ADDRESS  
 CITY-ST-ZIP **8931 SE EAGLE AVENUE**  
**HOBE SOUND FL 33455**

TITLE  
 NAME **President/Director**  Change  Addition  
**Janet Brown**  
 STREET ADDRESS  
 CITY-ST-ZIP **8280 S. E. Dharlys Street**  
**Hobe Sound, FL 33455**

TITLE  
 NAME  Delete

TITLE  
 NAME  Change  Addition

TITLE  
 NAME  Delete

TITLE  
 NAME  Change  Addition

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*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/30/01**

Date

**561-546-5730**

Daytime Phone #

CR2E037 (10/00)