

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004799

1. Entity Name

FIRST BOOK INC.

Principal Place of Business

1319 F. STREET, N.W.
WASHINGTON DC 20004

Mailing Address

1319 F. STREET, N.W.
WASHINGTON DC 20004-1106

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

52-1779606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AUSTIN, KELLY
ZUCKERMAN, SPAEDER
401 E JACKSON SUITE 2525
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE DC ☐ Delete
NAME GOLD, PETER F
STREET ADDRESS 1319 F. STREET, N.W.
CITY-ST-ZIP WASHINGTON DC 20004

TITLE DPT ☐ Delete
NAME ZIMMER, KYLE
STREET ADDRESS 1319 F. STREET, N.W.
CITY-ST-ZIP WASHINGTON DC 20004

TITLE D ☐ Delete
NAME ZIMMER, JUDITH
STREET ADDRESS 1319 F. STREET, N.W.
CITY-ST-ZIP WASHINGTON DC 20004

TITLE DS ☐ Delete
NAME ARKY, ELIZABETH
STREET ADDRESS 1319 F. STREET, N.W.
CITY-ST-ZIP WASHINGTON DC 20004

TITLE D ☐ Delete
NAME CERF, CHRISTOPHER
STREET ADDRESS 146 E 62ND ST
CITY-ST-ZIP NEW YORK NY 10021

TITLE D ☐ Delete
NAME GURIN, RICHARD
STREET ADDRESS 40 BEACH ST STE 203
CITY-ST-ZIP MANCHESTER MA 01944

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE:

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

Date

Daytime Phone #

1/7/2000 204/393-1222