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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

01-31-2001 90017 042 ****70.00

DOCUMENT # N00000001095
1. Entity Name
THE BREVARD COUNTY LIBRARY SYSTEM FOUNDATION, IN

Principal Place of Business Mailing Address
219 INDIAN RIVER DR. 219 INDIAN RIVER DR.
COCOA FL 32922 COCOA FL 32922

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
59-3631614
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLAR, NED
219 INDIAN RIVER DR.
COCOA FL 32922

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 _____ 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

TITLE Delete
NAME **D BROOM, MELTON**
STREET ADDRESS **760 MONTCLAIR RD., NE**
CITY-ST-ZIP **PALM BAY FL 32903**

TITLE Delete
NAME **D SHULMAN, MARILYN**
STREET ADDRESS **2369 BROOKSIDE DR.**
CITY-ST-ZIP **MELBOURNE FL 32903**

TITLE Delete
NAME **D ANDERSON, ROBERT A**
STREET ADDRESS **1292 ST. ANDREWS CT.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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STREET ADDRESS
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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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED KELLAR** **1-18-2000** **321.633.18PP7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert A. Anderson **4/11/01**

CR2E037 (10/00)