

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

2/1

02-10-2003 90156 045 \*\*\*\*61.25

**DOCUMENT # N00000008510**

1. Entity Name

**FRIENDS OF MELBOURNE BEACH LIBRARY, INC.**



Principal Place of Business

~~220 SURF RD.  
MELBOURNE BEACH FL 32951~~

Mailing Address

~~220 SURF RD.  
MELBOURNE BEACH FL 32951~~

2. Principal Place of Business

*Melbourne Beach Library*

3. Mailing Address

*P.O. Box 510885*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Melbourne Beach, FL*

City & State

*Melbourne Beach, FL*

Zip

*32951*

Country

*USA*

Zip

*32951*

Country

*USA*

4. FEI Number **59-3661622**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~ADAMS, AMY  
220 SURF RD.  
MELBOURNE BEACH FL 32951~~

7. Name and Address of New Registered Agent

Name *Marie Strazzano*  
Street Address (P.O. Box Number is Not Acceptable)  
*407 SURF ROAD*  
*Melbourne Beach* *FL 32951*  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, AMY	
STREET ADDRESS	220 SURF RD.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	AYDELOTTE, PETER	
STREET ADDRESS	5885 RIVERSIDE DR.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	BUCKLEY, BRIAN	
STREET ADDRESS	1938 S. DAIRY RD.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	CASSEL, LAWRENCE	
STREET ADDRESS	215 CHERRY DR.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	CHELL, JIM	
STREET ADDRESS	299 IBIS DR.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	HARRINGTON, GERI	
STREET ADDRESS	213 BIRCH AVE.	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Marie Strazzano</i>	
STREET ADDRESS	<i>407 Surf Rd</i>	
CITY-ST-ZIP	<i>Melbourne Beach, FL 32951</i>	
TITLE	<i>Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Susan Thomas</i>	
STREET ADDRESS	<i>751 Malibu Lane</i>	
CITY-ST-ZIP	<i>Indianton, FL 32903</i>	
TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Sue Simola</i>	
STREET ADDRESS	<i>5845 Riverside Dr</i>	
CITY-ST-ZIP	<i>Melbourne Beach, FL 32951</i>	
TITLE	<i>Treasurer</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Tim Cowan</i>	
STREET ADDRESS	<i>1843 Fox Bay Dr</i>	
CITY-ST-ZIP	<i>Melbourne, FL 32934</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-03-03*

Date

Daytime Phone #

CR2E037 (10/02)