

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90046 005 ****61.25

DOCUMENT # N06129

1. Entity Name
LIBRARY SQUARE ASSOCIATION, INC.

Principal Place of Business Mailing Address
1096 SUNSET STRIP 1096 SUNSET STRIP
SUNRISE FL 33313 SUNRISE FL 33313-6106

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2619343** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFITH, W. R.
1096 SUNSET STRIP
SUNRISE FL 33313

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

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	PD	<input type="checkbox"/> Delete
NAME	BODENSTEIN, BENNET L.	
STREET ADDRESS	6660 SUNSET STRIP #1	
CITY-ST-ZIP	SUNRISE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRIFFITH, W.R.	
STREET ADDRESS	1096 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GEARY, WILLIAM W. J	
STREET ADDRESS	2800 28TH STREET - SUITE 222	
CITY-ST-ZIP	SANTA MONICA CA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GLEASON, THOMAS	
STREET ADDRESS	6666 SUNSET STRIP	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 954/792-5111

Date Daytime Phone #

CR2E037 (9/99)