

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10161

1. Entity Name

FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

Principal Place of Business

Mailing Address

ROULETTA GASPARIAN  
1320 N PERIWINKLE CIR  
BAREFOOT BAY FL 32976  
US

ROULETTA GASPARIAN  
1320 N PERIWINKLE CIR  
BAREFOOT BAY FL 32976-7147  
US

2. Principal Place of Business

FRIENDS OF

3. Mailing Address

FRIENDS OF THE

THE LIBRARY OF SOUTH BREVARD, INC. LIBRARY OF SOUTH BREVARD, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7921 RON BEATTY BLVD

7921 RON BEATTY BLVD.

City & State

City & State

MILCO, FL

MILCO, FL

Zip

Country

Zip

Country

32976

USA

32976

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASPARIAN, ROULETTA  
1320 N PERIWINKLE CIR  
BAREFOOT BAY FL 32976

Name

CAROL GRUBE

Street Address (P.O. Box Number is Not Acceptable)

701 LANTANIA DR.

BAREFOOT BAY

City

FL

Zip Code  
32976

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

CAROL GRUBE, PRES.

Carol Grube

JAN 31, 2000

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	P	<input type="checkbox"/> Delete
NAME	ROULETTA, GASPARIAN	
STREET ADDRESS	1320 N. PERIWINKLE CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MCGRATH, MARION	
STREET ADDRESS	401 S SEAGULL CIR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GRUBE, CAROL	
STREET ADDRESS	701 LANTANIA DR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAKOWSKI, INGRID L	
STREET ADDRESS	918 YEW ST	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PRIORE, PATRICIA	
STREET ADDRESS	1123 W SABAL PALM LANE	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	S	<input type="checkbox"/> Delete
NAME	PITTS, LESLEY M	
STREET ADDRESS	734 N PERIWINKLE CIR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	GASPARIAN, ROULETTA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

CAROL GRUBE, PRES. 1/31/2000 561-664-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEE ATTACHMENT

FILED  
Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90037 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2470978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required