

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90011 005 ****61.25

DOCUMENT # N10161

1. Entity Name

FRIENDS OF THE LIBRARY OF SOUTH BREVARD, INC.

Principal Place of Business

Mailing Address

**7921 RON BEATTY BLVD
 MICCO FL 32976
 US**

**7921 RON BEATTY BLVD
 MICCO FL 32976
 US**

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

59-2470978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUBE, CAROL
 701 LANTANIA DR
 BAREFOOT BAY FL 32976**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☒ Delete
 NAME **GASPARIAN, ROULETTA**
 STREET ADDRESS **1320 N. PERIWINKLE CIRCLE**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **P** ☒ Change ☐ Addition
 NAME **LILLIAN RICHARDS**
 STREET ADDRESS **526 TARPON DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **TR** ☒ Delete
 NAME **MCGRATH, MARION**
 STREET ADDRESS **401 S SEAGULL CIR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **V** ☐ Change ☒ Addition
 NAME **RUTH WELLS**
 STREET ADDRESS **1218 CALLSA DR.**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **P** ☐ Delete
 NAME **GRUBE, CAROL**
 STREET ADDRESS **701 LANTANIA DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **EDDY, INGRID**
 STREET ADDRESS **918 YEW ST**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **PITTS, LESLEY M**
 STREET ADDRESS **734 N PERIWINKLE CIR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **TR** ☐ Change ☒ Addition
 NAME **RITA UMILE**
 STREET ADDRESS **414 ROYAL TERN DR.**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE **V** ☒ Delete
 NAME **RICHARDS, LILLIAN**
 STREET ADDRESS **526 TARPON DR.**
 CITY-ST-ZIP **SEBASTIAN FL 32976**

TITLE **TR** ☒ Change ☐ Addition
 NAME **HOPE, MCGRATH**
 STREET ADDRESS **401 S SEAGULL CIR.**
 CITY-ST-ZIP **BAREFOOT, BAY FL 32976**

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:

Ingrid E. Eddy Jan. 15, 2002 (561) 664-5012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)