

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90107 041 *****61.25

DOCUMENT # N11995

1. Entity Name

**SOCIETY FOR THE ADVANCEMENT OF POYNTER LIBRARY,
INC.**

Principal Place of Business

Mailing Address

**% SARA WALLACE
140 SEVENTH AVENUE, SOUTH
ST PETERSBURG FL 33701****% SARA WALLACE
140 SEVENTH AVENUE, SOUTH
ST PETERSBURG FL 33701**

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

NOT APPLICABLE

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

**WALLACE, SARA
C/O POYNTER LIBRARY
140 SEVENTH AVENUE, SOUTH
ST PETERSBURG FL 33701**

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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	JACOBS, MARCIE	
STREET ADDRESS	1038 39TH AVE., N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	

TITLE	Change title to VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	TAPPAN, MARGARET	
STREET ADDRESS	830 AMELIA COURT, NE.	
CITY-ST-ZIP	ST PETERSBURG FL 33702	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	POYNTER, SALLY	
STREET ADDRESS	1801 KARLETON PLACE S	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	VAN HORN, JOYCE	
STREET ADDRESS	4780 DOLPHIN CAY LANE, S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	BALLARD, MARION	
STREET ADDRESS	1255 BIRHGTWATERS BLVD NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	

TITLE	Change title to D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Change spelling to Brightwaters	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	AGGELES, THEODORA	
STREET ADDRESS	2318 14TH AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	

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:

Margaret Ballard

1/12/02

CR2E037 (9/01)