

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90244 038 ****61.25

DOCUMENT # N11995

1. Entity Name

SOCIETY FOR THE ADVANCEMENT OF POYNTER LIBRARY, INC.



Principal Place of Business

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

Mailing Address

% 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

☐ CHECK HERE IF MAKING CHANGES

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **JACOBS, MARCIE**
STREET ADDRESS **1038 39TH AVE., N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **Change title to "T"** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **TAPPAN, MARGARET**
STREET ADDRESS **830 AMELIA COURT, NE.**
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **Change title to "D"** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **POYNTER, SALLY**
STREET ADDRESS **1801 KARLETON PLACE S**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **Change title to "VP"** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **VAN HORN, JOYCE**
STREET ADDRESS **4780 DOLPHIN CAY LANE, S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **P** ☐ Change ☒ Addition
NAME **Miller, Betty Jean**
STREET ADDRESS **234 Estado Way NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **D** ☐ Delete
NAME **BRIGHTWATERS, MARION**
STREET ADDRESS **1255 BIRHGTWATERS BLVD NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **D** ☒ Change ☐ Addition
NAME **Ballard, Marion**
STREET ADDRESS **1255 Brightwaters Blvd NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**

TITLE **D** ☒ Delete
NAME **AGGELES, THEODORA**
STREET ADDRESS **2318 14TH AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **S** ☐ Change ☒ Addition
NAME **Mock, Marlene**
STREET ADDRESS **123 Alora Street NE**
CITY-ST-ZIP **St. Petersburg, FL 33704**

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 PROVIDED*

1/16/03

Daytime Phone #

CR2E037 (10/02)