

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12162

1. Entity Name

FRIENDS OF THE LIBRARY OF THE NORTHWEST BRANCH O

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90027 019 ****70.00

Principal Place of Business

60 DAVIS POND BLVD.
FRUIT COVE FL 32259

Mailing Address

60 DAVIS POND BLVD.
FRUIT COVE FL 32259

2. Principal Place of Business

60 Davis Pond Blvd

3. Mailing Address

60 Davis Pond Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fruit Cove FL

City & State

Fruit Cove FL

4. FEI Number

59-2810354

Applied For

Not Applicable

Zip

32259

Country

St. Johns

Zip

32259

Country

St. Johns

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

DONOH, ROBIN
60 DAVIS POND BLVD
FRUIT COVE FL 32259

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

TITLE NAME	P DONOH, ROBIN	<input type="checkbox"/> Delete
STREET ADDRESS	60 DAVIS POND BLVD	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE NAME	S CONWAY, KIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	60 DAVIS POND BLVD	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE NAME	T NOONEY, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	60 DAVIS POND BLVD	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE NAME	D TANZLER, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	1047 ANCHOR RD.	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE NAME	D PORTERFIELD, MILLER	<input type="checkbox"/> Delete
STREET ADDRESS	830 FRUIT COVE RD.	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE NAME	D BRAASCH, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS	1657 SR 13 N	
CITY-ST-ZIP	FRUIT COVE FL 32259	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	V.P. Pat Correa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1705 Montclair Cove Ct.	
CITY-ST-ZIP	FRUIT COVE FL 32259	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Required

Sharon A. Nooney

3/23/01 (904) 382-4300

CR2E037 (10/00)