

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90001 001 ****61.25

DOCUMENT # N17408

1. Entity Name

FRIENDS OF THE ST. THOMAS UNIVERSITY LIBRARY INC

Principal Place of Business

Mailing Address

**C/O MARGARET ELLISTON
 16400 NW 32 AVENUE
 MIAMI FL 33054**

**C/O MARGARET ELLISTON
 16400 NW 32 AVENUE
 MIAMI FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0007697

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ELLISTON, MARGARET
 16400 NW 32 AVENUE
 MIAMI FL 33054**

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 **PD** ☐ Delete
 NAME **[REDACTED]**
 STREET ADDRESS **16400 NW 32 AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **President** ☐ Change ☒ Addition
 NAME **Sarah Tabor**
 STREET ADDRESS **8633 Bridle Path Ct.**
 CITY-ST-ZIP **Davie, FL**

TITLE **TD** ☐ Delete
 NAME **ELLISTON, MARGARET**
 STREET ADDRESS **16400 NW 32 AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Davie, FL** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **TABOR, SARAH**
 STREET ADDRESS **8633 BRIDLE PATH CT**
 CITY-ST-ZIP **DAVIE FL**

TITLE **Sec./Treas.** ☒ Change ☐ Addition
 NAME **Margaret Elliston**
 STREET ADDRESS **16400 N. W. 32nd Ave.**
 CITY-ST-ZIP **Miami, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(205) 628-6669
Apr 16 02

CR2E037 (9/01)