

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18474

1. Entity Name

FRIENDS OF THE JENSEN BEACH LIBRARY, INC.

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90162 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1900 N.E. RICOU TERRACE  
JENSEN BEACH FL 34957  
US

1900 N.E. RICOU TERRACE  
P.O. BOX 427  
JENSEN BEACH FL 34958  
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

59-2822030

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

TEAL, CATHIE H.  
2036 N.E. RIVER COURT  
JENSEN BEACH FL 33457

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	D	<input type="checkbox"/> Delete
NAME	TEAL, CATHIE H.	
STREET ADDRESS	2036 N.E. RIVER COURT	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETERSON, MARGARET	
STREET ADDRESS	1975 NW FORD RD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENDER, VIRGINA	
STREET ADDRESS	3055 NE LOQUAT LANE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWHAM, LILLIAN	
STREET ADDRESS	75 S WARNER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, NANCY	
STREET ADDRESS	149 NE SHARYON LANE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEITZ, DONALD	
STREET ADDRESS	412 N.E. JADE CIRCLE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN E LORWAIE	
STREET ADDRESS	1235 NE OCEAN VIEW CIR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE LITTON	
STREET ADDRESS	3246 N.E. CATA MARAN TER	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: SIGNATURE OF DONALD WEITZ PRES DATE: JANUARY 23-2002 561-3340657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)