

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90111 005 ****61.25

DOCUMENT # N27609

1. Entity Name

FRIENDS OF THE LIBRARY OF THE CITY OF LAKE WORTH

Principal Place of Business

15 NORTH M STREET
 LAKE WORTH FL 33460

Mailing Address

15 NORTH M STREET
 LAKE WORTH FL 33460

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

65-0042661

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

SMITH, CAROL
826 SUNSET DR
LAKE WORTH FL 33461

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
SOLIMINE, ALEX
722 LAKE AVE #118
LAKE WORTH FL 33460

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT
PETER SEASE
214 4TH AVE. SO.
LAKE WORTH, FL 33460

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
SMITH, CAROL
826 SUNSET DR
LAKE WORTH FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VICE PRESIDENT
BEVERLY MARTIN
1432 SO. LAKESIDE DR. #4
LAKE WORTH, FL 33460

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
T
DUNCAN, HONEY
1019 SNOWDEN
LAKE WORTH FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TREASURER
CAROL SMITH
826 SUNSET DRIVE
LAKE WORTH, FL 33461

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)