

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28883

1. Entity Name

FRIENDS OF CENTRAL RIDGE LIBRARY, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90058 035 ****61.25

Principal Place of Business

Mailing Address

CENTRAL RIDGE LIBRARY
425 W ROOSEVELT BLVD
BEVERLY HILLS FL 34465
US

PO BOX 640158
BEVERLY HILLS FL 34464-0158
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

59-2867230

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

ENGLISH, RAE J
221 S DAVIS ST
BEVERLY HILLS FL 34465

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 VP ☒ Delete
NAME JOINER, COLON
STREET ADDRESS 283 W REXFORD DR
CITY-ST-ZIP BEVERLY HILLS FL

TITLE VP ☐ Change ☐ Addition
NAME HELEN DAVIS
STREET ADDRESS 5518 N. ELKCAM BLVD
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE S ☒ Delete
NAME MARTINAZZI, TONI
STREET ADDRESS 234 W REXFORD DR
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE S ☐ Change ☐ Addition
NAME CAROL ANDROVICH
STREET ADDRESS 4291 LINCOLN AV
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE PD ☐ Delete
NAME DEAN, JACQUELINE
STREET ADDRESS 3572 N WOODGATE DR
CITY-ST-ZIP BEVERLY HILLS FL

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

TITLE S ☐ Delete
NAME ROMANS, ROSEANN
STREET ADDRESS 3600 N LONGPINE PT
CITY-ST-ZIP BEVERLY HILLS FL 34465

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

TITLE T ☐ Delete
NAME ENGLISH, RAE J
STREET ADDRESS 221 S DAVIS ST
CITY-ST-ZIP BEVERLY HILLS FL 34465

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

TITLE D ☒ Delete
NAME DAVIS, HELEN
STREET ADDRESS 5518 N ELKCAM BLVD
CITY-ST-ZIP BEVERLY HILLS FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)