

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90107 045 \*\*\*\*61.25

0078427

**DOCUMENT # N28883**

1. Entity Name

**FRIENDS OF CENTRAL RIDGE LIBRARY, INC.**

Principal Place of Business

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

Mailing Address

**PO BOX 640158  
 BEVERLY HILLS FL 34464  
 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

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

7. Name and Address of New Registered Agent

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 **VP** ☒ Delete  
 NAME **DAVIS, HELEN**  
 STREET ADDRESS **5518 N ELKCAM BLVD**  
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **S** ☐ Delete  
 NAME **ANDROVICH, CAROL**  
 STREET ADDRESS **4291 LINCOLN AVE**  
 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 **S** ☐ Delete  
 NAME **ROMANS, ROSEANN**  
 STREET ADDRESS **3600 N LONGPINE PT**  
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Dean, Jacqueline**  
 STREET ADDRESS **3572 N. Woodgate**  
 CITY-ST-ZIP **Bev. Hills FL**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **DAVIS, Helen**  
 STREET ADDRESS **5518 N. ELKCAM BLVD**  
 CITY-ST-ZIP **BEVERLY HILLS FL**

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

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

TITLE **D** ☐ Change ☐ Addition  
 NAME **DAVIS, HELEN**  
 STREET ADDRESS **5518 N ELKCAM BLVD**  
 CITY-ST-ZIP **BEVERLY HILLS FL**

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:

*Rae J English*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)