

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N29845**

1. Entity Name

FRIENDS OF THE LIBRARY OF INDIANTOWN, FLORIDA, INC.

Principal Place of Business

**15200 SW ADAMS AVE
PO BOX 244
INDIANTOWN FL 34956
US**

Mailing Address

**15858 S.W. WARFIELD BOULEVARD
PO BOX 244
INDIANTOWN FL 34956**

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

65-0089459

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

**TAYLOR, BARBARA JEAN
14621 SW DIVOT DRIVE
INDIANTOWN FL 34956**

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 \$61.259. 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 **PRESLER, RENITA J**
STREET ADDRESS **15400 SW PALM DRIVE**
CITY-ST-ZIP **INDIANTOWN FL 34956**TITLE **PD** ☒ Change ☐ Addition
NAME **Adami, Dorothy**
STREET ADDRESS **16233 SW Indianwood Circle**
CITY-ST-ZIP **Indiantown, FL 34956**TITLE **VP** ☒ Delete
NAME **ADAMI, DOROTHY**
STREET ADDRESS **16233 SW INDIANWOOD CIRCLE**
CITY-ST-ZIP **INDIANTOWN FL 34956**TITLE **VP** ☒ Change ☐ Addition
NAME **Summers, Doedy**
STREET ADDRESS **PO Box 575**
CITY-ST-ZIP **Indiantown, FL 34956**TITLE **TD** ☐ Delete
NAME **TAYLOR, BARBARA JEAN**
STREET ADDRESS **14621 SW DIVOT DRIVE**
CITY-ST-ZIP **INDIANTOWN FL 34956**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **PAGE, LOIS**
STREET ADDRESS **14918 SW 171ST AVE**
CITY-ST-ZIP **INDIANTOWN FL 34956**TITLE **SD** ☒ Change ☐ Addition
NAME **Weekman, Rita**
STREET ADDRESS **16389 SW Indianwood Circle**
CITY-ST-ZIP **Indiantown, FL 34956**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**Barbara Jean Taylor****April 8, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)