

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N34484**

1. Entity Name

FRIENDS OF THE PALM CITY LIBRARY, INC.

Principal Place of Business

**2551 SW MATHESON
PALM CITY FL**

Mailing Address

**P.O. BOX 387
PALM CITY FL 34990**

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

65-0152767

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCENTEE, DANIEL F
2646 SW MAPP ROAD
#203
PALM CITY FL 34990**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RAPPAPORT, JEAN**
STREET ADDRESS **2883 SW GREENWICH WAY**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE **VPD** ☐ Delete
NAME **APTER, NAT**
STREET ADDRESS **5136 SW BIMINI CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE **SD** ☐ Delete
NAME **CLARKE, HERB**
STREET ADDRESS **4795 SW BIMINI CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE **TD** ☐ Delete
NAME **MCENTEE, DANIEL**
STREET ADDRESS **1695 SW SANDTRAP CR**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90012 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)