

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50098

1. Entity Name

PARKLAND FRIENDS OF THE LIBRARY, INC.

Principal Place of Business

6500 PARKSIDE DRIVE
PARKLAND FL 33067

Mailing Address

6500 PARKSIDE DRIVE
PARKLAND FL 33067-1638

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

65-0354700

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

MERTZ, HARRY J.
6500 PARKSIDE DR.
PARKLAND FL 33067

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 PD ☐ Delete
NAME DAVID, DIANE W.
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME BUTLER, KENNETH A.
STREET ADDRESS 6500 PARKSIDE DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

TITLE D ☒ Delete
NAME SWORDS, RONDA
STREET ADDRESS 7808 BOULDER LANE
CITY-ST-ZIP PARKLAND FL

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

TITLE T ☐ Delete
NAME WINSHIP, ELSIE
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067

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

TITLE S ☐ Delete
NAME SCHER, LAURA
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067

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

TITLE VPD ☐ Delete
NAME FREED, MARSHA
STREET ADDRESS 6500 PARKSIDE DR.
CITY-ST-ZIP PARKLAND FL 33067

TITLE DIRECTOR ☒ Change ☐ Addition
NAME TRECED, MARSHA
STREET ADDRESS 6500 PARKSIDE DRIVE
CITY-ST-ZIP PARKLAND, FL 33067

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:

ELSGA WINSHIP (WINSHIP) CLERK TREAS.

Date

Daytime Phone #

4/6/00 (954) 755-1287

CR2E037 (9/99)