

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0022103

DOCUMENT # N50098

1. Entity Name
PARKLAND FRIENDS OF THE LIBRARY, INC.



Principal Place of Business
6500 PARKSIDE DRIVE
PARKLAND FL 33067

Mailing Address
6600 UNIVERSITY DRIVE
PARKLAND FL 33067



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6600 University Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Parkland Florida

City & State

4. FEI Number **65-0354700**

Applied For

Not Applicable

Zip
33067

Country
USA

Zip

Country

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.
6600 UNIVERSITY DRIVE
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTLER, KENNETH A	
STREET ADDRESS	6500 PARKSIDE DR.	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAMOS, JUDITH	
STREET ADDRESS	6500 PARKSIDE DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINSHIP, ELSIE	
STREET ADDRESS	6500 PARKSIDE DR.	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREED, MARSHA	
STREET ADDRESS	6500 PARKSIDE DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	S	<input type="checkbox"/> Delete
NAME	HYAL, LYNNE	
STREET ADDRESS	6500 PARKSIDE DR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cutler Kenneth A	
STREET ADDRESS	6600 University Drive	
CITY-ST-ZIP	Parkland, Florida 33067	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramos, Judith	
STREET ADDRESS	6600 UNIVERSITY DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSHIP ELSIE A.	
STREET ADDRESS	6600 UNIVERSITY DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREED, MARSHA	
STREET ADDRESS	6600 UNIVERSITY DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, LYNNE	
STREET ADDRESS	6600 UNIVERSITY DRIVE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elsie Winship **ELSHIP, ELSIE A. WINSHIP** 04/25/03 (PA) 757-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)