

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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90104 048 \*\*\*\*61.25

**DOCUMENT # N50203**

1. Entity Name  
**FRIENDS OF THE EAU GALLIE LIBRARY, INC.**



Principal Place of Business  
**1521 PINEAPPLE AVENUE  
MELBOURNE FL 32935**

Mailing Address  
**1521 PINEAPPLE AVENUE  
MELBOURNE FL 32935**

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 **59-3135147**

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

**WEISMAN, SANDRA  
2334 GOLF LAKE CIRCLE  
#421  
MELBOURNE FL 32935**

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           | SPECTOR, MAX              |                                 |
| STREET ADDRESS | 3082 BLACKBIRD CT         |                                 |
| CITY-ST-ZIP    | MELBOURNE FL              |                                 |
| TITLE          | VP                        | <input type="checkbox"/> Delete |
| NAME           | ELIZABETH SEIFERT         |                                 |
| STREET ADDRESS | 308 FIFTH AVE             |                                 |
| CITY-ST-ZIP    | MELBOURNE BCH FL 32951    |                                 |
| TITLE          | VPD                       | <input type="checkbox"/> Delete |
| NAME           | KING, VIRGINIA            |                                 |
| STREET ADDRESS | 2419 APACHEE DRIVE        |                                 |
| CITY-ST-ZIP    | MELBOURNE FL 32935        |                                 |
| TITLE          | TD                        | <input type="checkbox"/> Delete |
| NAME           | WEISMAN, SANDRA           |                                 |
| STREET ADDRESS | 2334 GOLF LAKE CIR., #421 |                                 |
| CITY-ST-ZIP    | MELBOURNE FL              |                                 |
| TITLE          | RS                        | <input type="checkbox"/> Delete |
| NAME           | BARBARA MCKINLEY          |                                 |
| STREET ADDRESS | 1001 EAU GALLIE BLVD #338 |                                 |
| CITY-ST-ZIP    | MELBOURNE FL 32935        |                                 |
| TITLE          | PP                        | <input type="checkbox"/> Delete |
| NAME           | CAROL GUNDLE              |                                 |
| STREET ADDRESS | 1808 HIGHLAND AVE         |                                 |
| CITY-ST-ZIP    | MELBOURNE FL 32935        |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| 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 information.

SIGNATURE:

**SIGNATURE REQUIRED**

3/31/03

321 259 6321

CR2E037 (10/02)