

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001969

1. Entity Name

THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.

Principal Place of Business

BIG PINE KEY LIBRARY
213 KEY DEER BLVD
BIG PINE KEY FL 33043
US

Mailing Address

P O BOX 1811
213 KEY DEER BLVD
BIG PINE KEY FL 33043-4742
US

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

65-0480681

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

CAMP, LEAH
30632 WINIFRED ST
BIG PINE KEY FL 33043

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 NAME STREET ADDRESS CITY-ST-ZIP	SD MANNILLO, GRACE 1506 SUNRISE DR. BIG PINE KEY FL 33043	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMP, LEAH 30632 WINIFRED ST BIG PINE KEY FL 33043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLOSE, RALPH 151 W. INDIES DR RAMROD KEY FL 33042	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BILLENS, MARGE 30982 BAILEYS LN BIG PINE KEY FL 33043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLIGAN, MARY 20953 7TH AVE WEST CUDJOE KEY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STEVE 29245 OLEANDER DR BIG PINE KEY FL 33043	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glenn Gula P.O. Box 420579 Summerland Key FL 33042	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 (Ralph L. Close) 2/15/2001 872-7454

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90079 025 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)