

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/27

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90264 034 \*\*\*\*61.25

**DOCUMENT # N94000001969**

1. Entity Name

**THE FRIENDS OF THE BIG PINE KEY LIBRARY, INC.**

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

**65-0480681**

Applied For

Not Applicable

Zip

Country

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

**CAMP, LEAH  
 30632 WINIFRED ST  
 BIG PINE KEY FL 33043**

Name **Douville, LINDA**

Street Address (P.O. Box Number is Not Acceptable)

**32340 Cat Lane**

City **No Name Key**

**FL**

Zip Code **33043**

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 Linda S. Douville

4/1/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$81.25**

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 **D** ☒ Delete  
 NAME **GULA, GLENN**  
 STREET ADDRESS **PO BOX 420579**  
 CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

TITLE **P** ☐ Change ☒ Addition  
 NAME **Douville, Linda**  
 STREET ADDRESS **32340 Cat Lane**  
 CITY-ST-ZIP **No Name Key FL 33043**

TITLE **P** ☒ Delete  
 NAME **CAMP, LEAH**  
 STREET ADDRESS **30632 WINIFRED ST**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Derwin, Sheila**  
 STREET ADDRESS **PO Box 430129**  
 CITY-ST-ZIP **Big Pine Key FL 33043**

TITLE **D** ☐ Delete  
 NAME **CLOSE, RALPH**  
 STREET ADDRESS **151 W. INDIES DR**  
 CITY-ST-ZIP **RAMROD KEY FL 33042**

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

TITLE **DV** ☒ Delete  
 NAME **BILLENS, MARGE**  
 STREET ADDRESS **30962 BAILEYS LN**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

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

TITLE **D** ☐ Delete  
 NAME **MULLIGAN, MARY**  
 STREET ADDRESS **20953 7TH AVE WEST**  
 CITY-ST-ZIP **CUJIOE KEY FL**

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

TITLE **D** ☒ Delete  
 NAME **MILLER, STEVE**  
 STREET ADDRESS **29245 OLEANDER DR**  
 CITY-ST-ZIP **BIG PINE KEY FL 33043**

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: Linda S. Douville **SIGNATURE REQUIRED LINDA S. DOUVILLE**

4/1/02

**305**

**872-2055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)