

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000095

1. Entity Name

FRIENDS OF THE WILDWOOD LIBRARY, INC.

Principal Place of Business

702 WEBSTER ST
WILDWOOD FL 34785

Mailing Address

702 WEBSTER ST
WILDWOOD FL 34785

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

59-3262527

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

FRANKLIN, JUDY
1 QUAIL HOLLOW
WILDWOOD FL 34785

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

Judy Franklin
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-02
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 DP ☐ Delete
NAME FRANKLIN, JUDY
STREET ADDRESS 1 QUAIL HOLLOW
CITY-ST-ZIP WILDWOOD FL 34785

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

TITLE DV ☐ Delete
NAME WRIGHT, JEAN
STREET ADDRESS 224 ROBBIN RD
CITY-ST-ZIP WILDWOOD FL 34785

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

TITLE DS ☒ Delete
NAME DI RITO, BLANCHE
STREET ADDRESS 13 HICKORY HEAD HAMMOCK
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☒ Change ☐ Addition
NAME TREASURER
STREET ADDRESS Cecelia Foerke
CITY-ST-ZIP 7814 CR 221 Wildwood FL 34785

TITLE DS ☐ Delete
NAME STEINMETZ, PEARL
STREET ADDRESS 58 N BOBWHITE
CITY-ST-ZIP WILDWOOD FL

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

TITLE D ☒ Delete
NAME COX, MAXINE
STREET ADDRESS 4914 CR 117A
CITY-ST-ZIP WILDWOOD FL 34785

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

TITLE D ☒ Delete
NAME ALLEN, RONALD
STREET ADDRESS 5000 ST CLAIR ST
CITY-ST-ZIP WILDWOOD FL 34785

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:

Judy Franklin
Signature typed or printed name of signing officer or director

1-20-02

CR2E037 (9/01)