

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002241

1. Entity Name

GULFPORT PUBLIC LIBRARY FOUNDATION, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90263 043 \*\*\*\*61.25

Principal Place of Business  
5501 28TH AVNUE SOUTH  
GULFPORT LIBRARY  
GULFPORT FL 33707

Mailing Address  
5501 28TH AVNUE SOUTH  
GULFPORT LIBRARY  
GULFPORT FL 33707-5555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3339092**  
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

KIDDER, NATHANIEL B  
5501 28TH AVNEUE SOUTH  
GULFPORT LIBRARY  
GULFPORT FL 33707

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 \_\_\_\_\_ (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	TRC	<input type="checkbox"/> Delete
NAME	PURDY, FRANCES	
STREET ADDRESS	5501 28TH AVE SO	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	TRS	<input type="checkbox"/> Delete
NAME	LEWIS, EILEEN D	
STREET ADDRESS	5501 28TH AVE SO	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KIDDER, NATHANIEL B	
STREET ADDRESS	5501 28TH SO	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	TRV	<input type="checkbox"/> Delete
NAME	KEVIN, DORIS	
STREET ADDRESS	5501 28TH AVNUE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REIN, MICHAEL	
STREET ADDRESS	5501 28TH AVE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYAN, VIRGINIA	
STREET ADDRESS	5501 28TH AVNUE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN D. LEWIS	
STREET ADDRESS	5501 28TH AVE S.	
CITY-ST-ZIP	GULFPORT, FL 33707	
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 empowered.

SIGNATURE: *Eileen D. Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)