

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001931

1. Entity Name

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Principal Place of Business

Mailing Address

453 EDGEWATER DRIVE
DUNEDIN FL 34698

453 EDGEWATER DRIVE
DUNEDIN FL 34698-7532

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

22-2506969

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

LEIBRECHT, CHRISTOPH
453 EDGEWATER DRIVE
DUNEDIN FL 34698

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 PD ☐ Delete
NAME RUSS BOAEUF
STREET ADDRESS 2065 N HIGHLAND AVE #E-130
CITY-ST-ZIP CLEARWATER FL 33755

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

TITLE SD ☐ Delete
NAME STRINGER, SUSAN H
STREET ADDRESS 4725 COVE CIRCLE
CITY-ST-ZIP MADEIRA BEACH FL 33708

TITLE ☐ Change ☐ Addition
NAME Ryan, Susan H.
STREET ADDRESS (Name change only)
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KEITHLY, ELEANOR
STREET ADDRESS 700 TANGLEWOOD DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE TD ☐ Delete
NAME LERCH, JAMES
STREET ADDRESS 9925 UMERTON RD #451
CITY-ST-ZIP LARGO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Susan H. Ryan) 3/2/00 (727) 736-5082
Date Daytime Phone # ext. 229

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90017 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)