

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000006178**

1. Entity Name

FRIENDS OF THE PALM SPRINGS LIBRARY, INC.

Principal Place of Business

**217 CYPRESS LANE
PALM SPRINGS FL 33461-1698**

Mailing Address

**217 CYPRESS LANE
PALM SPRINGS FL 33461-1698**

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

65-0733513

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

**DANIELS, DON A
217 CYPRESS LANE
PALM SPRINGS FL 33461-1698**

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	D	<input type="checkbox"/> Delete
NAME	BECAK, THALIA	
STREET ADDRESS	500 DAVIS ROAD, #39	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BILL	
STREET ADDRESS	719 LORI DRIVE, #315	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, DON A	
STREET ADDRESS	217 CYPRESS LANE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	UMBERGER, PAT	
STREET ADDRESS	400 DAVIS ROAD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jayne Gardner	
STREET ADDRESS	245 Poe Drive	
CITY-ST-ZIP	Palm Springs, FL 33461	

TITLE	D	<input type="checkbox"/> Delete
NAME	WALLER, PATTI	
STREET ADDRESS	705 LORI DR #312	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	WALTER, KOCH	
STREET ADDRESS	224 SPRINGDALE CIRCLE	
CITY-ST-ZIP	PALM SPRINGS FL 33461	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

561-965-4155

Daytime Phone #

CR2E037 (10/00)

0054208