

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90128 026 ***61.25

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
Elena Romeo

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

Palm Springs, FL 33461-1698

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** ☐ Delete
 NAME **BECAK, THALIA**
 STREET ADDRESS **500 DAVIS ROAD, #39**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **D** ☐ Change ☒ Addition
 NAME **Romeo, Elena**
 STREET ADDRESS **217 Cypress Lane**
 CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE **D** ☐ Delete
 NAME **GARDENER, JAYNE**
 STREET ADDRESS **245 POE DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ Change ☒ Addition
 NAME **Brehm, Freda**
 STREET ADDRESS **333 Emerson Circle**
 CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE **D** ☒ Delete
 NAME **DANIELS, DON A**
 STREET ADDRESS **217 CYPRESS LANE**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

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

TITLE **D** ☒ Delete
 NAME **WALLER, PATTI**
 STREET ADDRESS **705 LORI DR #312**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

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

TITLE **D** ☐ Delete
 NAME **WALTER, KOCH**
 STREET ADDRESS **224 SPRINGDALE CIRCLE**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

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 an other life empowered.

SIGNATURE:

Elena Romeo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/02
 Date

561 965-2504
 Daytime Phone #

CR2E037 (9/01)