2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State
03-05-2003 90041 002 ****61.25

DOCUMENT # N96000006505

1. Entity Name
FRIENDS OF THE SUNTREE-VIERA PUBLIC LIBRARY, INC

Principal Place of Business	Mailing Address
~~335 PINEDA CT~~ MELBOURNE FL 32940	~~335 PINEDA CT~~ MELBOURNE FL 32940

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
902 JORDAN BLASS DRIVE	902 JORDAN BLASS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE FL	City & State: MELBOURNE FL
Zip: 32940 Country:	Zip: 32940 Country:

4. FEI Number 59-3450139 ☐ 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
~~HANSEN, DOY~~ ~~125 WOODSIDE DR~~ ~~MELBOURNE FL 32940~~	Name: MCLAUGHLIN, WILLIAM Street Address (P.O. Box Number is Not Acceptable): 560 PARKWOOD WAY City: MELBOURNE FL Zip Code: 32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: William McLaughlin 2/18/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~1VPD~~ MCLAUGHLIN, WILLIAM 560 PARKWOOD WAY MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~2VPD~~ BRADLEY, FRANK 427 TIMBERLAKE MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~3VPD~~ ~~MCGARTHY, MAC~~ ~~1414 CYPRESS TRACES DR~~ ~~MELBOURNE FL 32940~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	svpd Thomas, Edith 588 Renaissance Ave. Melbourne, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOSTOFF, DOROTHY 7550 SALINAS CT MELBOURNE FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~HANSEN, DOY~~ ~~125 WOODSIDE DRIVE~~ ~~MELBOURNE FL 32940~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVPD Swatet; Margaret 577 Spring Lake RD Melbourne, FL 32940	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~AUSTIN, MARIAN~~ ~~1008 OSPREY DR~~ ~~MELBOURNE FL 32940~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Rumbold, Regina 533 Deerfield Dr Melbourne, FL 32940	☒ Change ☐ Addition

CR2E037 (10/02)

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: William McLaughlin WILLIAM MCLAUGHLIN 321 2550619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #