

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742028

1. Entity Name

FRIENDS OF THE LIBRARY OF ST. JOHNS COUNTY, INC.

Principal Place of Business

1960 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32085
US

Mailing Address

PO BOX 3122
ST AUGUSTINE FL 32085-3122
US

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 59-1793454

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

COOKE, WILLIAM F.
149 FERROL RD
ST. AUGUSTINE FL 32095

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 P
NAME COOKE, WILLIAM F. ☐ Delete
STREET ADDRESS 149 FERROL RD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ Addition
NAME 400003155534-1
STREET ADDRESS -03/06/00--01002--007
CITY-ST-ZIP *****61.25 *****61.25

TITLE VP
NAME WITNERS, KENNEY ☐ Delete
STREET ADDRESS 8130 A1A SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE S
NAME SHUGART, RUTH ☐ Delete
STREET ADDRESS 48 GRANT ST
CITY-ST-ZIP ST. AUGUSTINE FL 32095

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

TITLE I
NAME COOKE, NANCY A. ☒ Delete
STREET ADDRESS 149 FERROL RD
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE ☒ Change ☐ Addition
NAME T. Aguirre, Charles
STREET ADDRESS 5012 Medeiros Av
CITY-ST-ZIP ST. AUGUSTINE, FL 32094

TITLE D
NAME HALL, MAGGI ☐ Delete
STREET ADDRESS 4 TREMERTON ST
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE D
NAME NEASE, MARGIE ☐ Delete
STREET ADDRESS PO BOX 1349
CITY-ST-ZIP ST. AUGUSTINE FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #