

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90039 017 \*\*\*\*70.00

**DOCUMENT # 744047**

1. Entity Name

**FRIENDS OF THE LEON COUNTY PUBLIC LIBRARY, INC.**

Principal Place of Business

Mailing Address

**200 WEST PARK AVENUE  
 TALLAHASSEE FL 32301-7716**

**200 WEST PARK AVENUE  
 TALLAHASSEE FL 32301-7716**

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

**59-1896144**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATLOCK, GEORGE V  
 GULF ATLANTIC INSURANCE COMPANY  
 1545 RAYMOND DIEHL RD., 3RD FLOOR  
 TALLAHASSEE FL 32308**

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  Delete  
 NAME **DAVID, COLLEEN**  
 STREET ADDRESS **726 RHODEN COVE ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
 NAME **PD Leslie Rupp**  
 STREET ADDRESS **602 McDaniel St.**  
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE  Delete  
 NAME **TD THOMPSON, WILLIAM J**  
 STREET ADDRESS **14213 RED HAWK RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S MADDOX, SHA**  
 STREET ADDRESS **402 PLANTATION RD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DAILEY, SARAH A**  
 STREET ADDRESS **2510 LIMERICK DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MATLOCK, GEORGE V**  
 STREET ADDRESS **1970 VINELAND DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D MOELLER, HELEN**  
 STREET ADDRESS **200 W. PARK AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

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 empowers.

SIGNATURE:

**WILLIAM J THOMPSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/126/00

386-1115

Date

Daytime Phone #

CR2E037 (9/99)