

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746539

1. Entity Name

FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY, IN

Principal Place of Business

Mailing Address

341 E. JEFFERSON
QUINCY FL 32351

341 E. JEFFERSON
QUINCY FL 32351-2531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1917378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CUMBIE, NESTA
404 LIVE OAK LANE
HAVANA FL 32333**

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

Nesta G. Cumbie

5-1-2000

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 **PD** Delete
NAME ~~BRYANT, ELLEN~~
STREET ADDRESS ~~RT 5, BOX 144-A~~
CITY-ST-ZIP ~~QUINCY FL 32351~~

TITLE **PD** Change Addition
NAME **HENRY ROLLINS, JR**
STREET ADDRESS **411 N CALHOUN ST**
CITY-ST-ZIP **QUINCY, FL 32351**

TITLE **VP** Delete
NAME **LEVERETT, ALMETA**
STREET ADDRESS **RT 6 BOX 48**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME ~~COURY, DEBORAH~~
STREET ADDRESS ~~200 COUNTRY CLUB DR~~
CITY-ST-ZIP ~~HAVANA FL 32333~~

TITLE **SD** Change Addition
NAME **MARTHA ANN MCCASKILL**
STREET ADDRESS **1011 HICKORY LANE**
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE **TD** Delete
NAME **CUMBIE, NESTA**
STREET ADDRESS **404 LIVE OAK LN**
CITY-ST-ZIP **HAVANA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CSD** Delete
NAME **STRICKLAND, MARGARETTE**
STREET ADDRESS **319 W NORTH STREET**
CITY-ST-ZIP **QUINCY FL 32351**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **JOHNSON, MARGARET**
STREET ADDRESS **RT 1 BOX 72**
CITY-ST-ZIP **QUINCY FL 32351**

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 empowerment.

850-539-5639

SIGNATURE: *Nesta G. Cumbie*

NESTA G. CUMBIE *5-1-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE