

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91615 018 ****61.25

DOCUMENT # 755969

1. Entity Name

FRIENDS OF THE OCALA PUBLIC LIBRARY, INC.

Principal Place of Business

Mailing Address

15 SE OSCEOLA AVENUE
 OCALA FL 34471

15 SE OSCEOLA AVENUE
 OCALA FL 34471

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2032196

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

**KOLONIA,
 JACKSON, FRANCES A
 1760 NW 114TH LOOP
 OCALA FL 34475**

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	<input type="checkbox"/> Delete
NAME	WEST, BARBARA	
STREET ADDRESS	19230 SW 90TH LANE RD	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAME, ILA J	
STREET ADDRESS	4010 NE 11TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	T	<input type="checkbox"/> Delete
NAME	STADICK, MARILYN	
STREET ADDRESS	4414 NE 2ND ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANSON, VIVIEN	
STREET ADDRESS	720 NE 17TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEVIS, RAE	
STREET ADDRESS	2069 SE 37TH COURT CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLONIA, FRANCES	
STREET ADDRESS	1760 NW 114TH LOOP	
CITY-ST-ZIP	OCALA FL 34475	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swanson, Vivien	address
STREET ADDRESS	21635 NW 75th Ave Road	
CITY-ST-ZIP	Micanopy, FL 32667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marilyn Stadick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2002
 Date

352-694-1851
 Daytime Phone #

CR2E037 (9/01)