## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

## May 12, 2000 8:00 am Secretary of State DOCUMENT # N15028 FRIENDS OF THE A. F. KNOTTS PUBLIC LIBRARY, INC. 05-12-2000 90038 047 \*\*\*\*61.25 Principal Place of Business Mailing Address 11 56TH ST. P. O. BOX 11 YANKEETOWN FL 34498 YANKEETOWN FL 34498-0011 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2677504 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name, Street Address (P.O. Box Number is Not Acceptable) LANGLEY, PETER III **NOTTINGHAM LANE** P O BOX 124 Zip Code City INGLIS FL 32698 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. A MARKET WARREN BARRET BY THE RETTER SIGNATURE .... DATE Signature, typed or printed name of registered agent and title if applicable 0.036 , 0.026 , 0.026(NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change PD Delete TITLE TITLE NAME HENRY, MARY NAME STREET ADDRESS STREET ADDRESS 34 ARAGON DR. CITY-ST-ZIP CITY-ST-ZIF INGLIS FL TITLE D ☐ Delete TITLE Change ☐ Addition NAME RAMOS, ALISON NAME STREET ADDRESS STREET ADDRESS 6202 RIVERSIDE DR. CITY-ST-ZIP CITY-ST-ZIP YANKEETOWN FL ۷D ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SPETZ, PEGGY, NAME STREET ADDRESS STREET ADDRESS 5701 RIVERSIDE DR CITY-ST-ZIP CITY-ST-ZIP YANKEETOWN FL TITLE Change ☐ Addition ☐ Delete TD TITLE NAME FEENEY, CORBE MORRIS NAME STREET ADDRESS STREET ADDRESS 5907 RIVERSIDE CITY-ST-ZIP CITY-ST-ZIP YANKEETOWN FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME SMITH, RUTH STREET ADDRESS STREET ADDRESS 6107 RIVERSIDE DR. CITY-ST-ZIP CITY-ST-ZIP Yankeetown fl ☐ Addition ☐ Delete TITLE Change TITLE NAME BOWERS, CHEIRE E. NAME STREET ADDRESS STREET ADDRESS 34 PATRICIA CITY-ST-ZIP CITY-ST-ZIP YANKEETOWN FL 34498 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

Date

Daytime Phone #

**FILED** 

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