

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90018 018 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N43419

1. Entity Name

THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE

Principal Place of Business

Mailing Address

1040 TENTH STREET
 BOCA GRANDE FL 33921
 US

P. O. BOX 309
 BOCA GRANDE FL 33921-0309
 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

59-0861994

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

BATSEL, C. GUY
1861 PLACIDA ROAD
SUITE 104
ENGLEWOOD FL 34223

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	PD	<input type="checkbox"/> Delete
NAME	BURCHAM, THOMAS	
STREET ADDRESS	191 DAMFTWILL	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MRS. WILLIAM HANLEY	
STREET ADDRESS	19TH ST, BOX 1123	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	BURCHAM, THOMAS	
STREET ADDRESS	191 DAMFWILL P O BOX 1818	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COST, THOMAS Mrs.	
STREET ADDRESS	10TH STREET, BOX 309	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTER, LADD MRS	
STREET ADDRESS	9871 GASPARILLA RD	
CITY-ST-ZIP	BOCA GRANDE FL 33821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Charles Tyler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 1878	
STREET ADDRESS	Boca Grande, Fl. 33921	
CITY-ST-ZIP		
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		

CF2E037 (9/99)

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

Daytime Phone #