

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90014 047 ****61.25

DOCUMENT # N43419

1. Entity Name

**THE JOHANN FUST COMMUNITY LIBRARY OF BOCA GRANDE
 , FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1040 TENTH STREET
 BOCA GRANDE FL 33921
 US**

**P. O. BOX 309
 BOCA GRANDE FL 33921
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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 reinstalling)

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	191TH ST, BOX 1123	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	TYLER, CHARLES	
STREET ADDRESS	PO BOX 1878	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	SD	<input checked="" 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	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Perkins	
STREET ADDRESS	431 Lafitte St	
CITY-ST-ZIP	Boca Grande, Fl. 33921	
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		<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: BETH PERKINS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/15/02 Daytime Phone #: (941) 964-2488

CR2E037 (9/01)