

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90199 009 \*\*\*\*61.25

**DOCUMENT # N93000000968**

1. Entity Name

**FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPOR**

Principal Place of Business

Mailing Address

**302 MCLENDON STREET  
 PLANT CITY FL 33566  
 US**

**302 MCLENDON STREET  
 PLANT CITY FL 33566-3212  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3164392**

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

**HAYWOOD, ANNE  
 302 MCLENDON STREET  
 PLANT CITY FL 33566**

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	<b>DT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, LINDA</b>	
STREET ADDRESS	<b>2803 N OAK CREST DR</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33565</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERRMANN, CECELIA</b>	
STREET ADDRESS	<b>6011 HWY 92ND W</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>DS DT</b>	<input type="checkbox"/> Delete
NAME	<b>MCFAUL, JOYCE</b>	
STREET ADDRESS	<b>3402 N FORBES RD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33565</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Galen Walker</b>	
STREET ADDRESS	<b>2113 Elmwood Ct</b>	
CITY-ST-ZIP	<b>Plant City FL 33566</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gayla Walker</b>	
STREET ADDRESS	<b>2113 Elmwood Ct</b>	
CITY-ST-ZIP	<b>Plant City FL 33566</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joyce McFaul</b>	
STREET ADDRESS	<b>3407 N Forbes Rd</b>	
CITY-ST-ZIP	<b>Plant City FL 33565</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chris Williams</b>	
STREET ADDRESS	<b>1708 Charleston Woods</b>	
CITY-ST-ZIP	<b>Plant City FL 33567</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Susan Kotter</b>	
STREET ADDRESS	<b>2705 Forest Club Dr</b>	
CITY-ST-ZIP	<b>Plant City FL 33567</b>	
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:** Joyce McFaul **JOYCE McFAUL** 3/26/00 813-757-6133  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)