

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

02-03-2001 90049 039 ****61.25

DOCUMENT # N97000000507

1. Entity Name

THE FRIENDS OF THE VOLUSIA COUNTY LIBRARY CENTER

Principal Place of Business

**105 EAST MAGNOLIA AVE.
DAYTONA BEACH FL 32114**

Mailing Address

**105 EAST MAGNOLIA AVE.
DAYTONA BEACH FL 32114**

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

59-1969700

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANTHEY, MARCIA
405 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119**

7. Name and Address of New Registered Agent

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

TITLE	DP	☒ Delete
NAME	O'SHAUGHNESSY, ELLEN	
STREET ADDRESS	1210 GAMBLE PL.	
CITY-ST-ZIP	DAYTONA BCH. FL 32118	

TITLE	DV	☒ Delete
NAME	MANTHEY, MARCIA	
STREET ADDRESS	92 FREMONT AVE.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	

TITLE	DT	☒ Delete
NAME	CLIFTON, MARIA M	
STREET ADDRESS	90 LENOX AVE.	
CITY-ST-ZIP	DAYTONA BCH. FL 32118	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP/T	☒ Change ☐ Addition
NAME	Manthey, Marcia	
STREET ADDRESS	405 Pelican Bay Drive	
CITY-ST-ZIP	Daytona Beach, FL 32119	

TITLE	DV	☒ Change ☐ Addition
NAME	Lempel, Lynn	
STREET ADDRESS	1227 Golfview Drive	
CITY-ST-ZIP	Daytona Beach, FL 32114	

TITLE	DS	☒ Change ☐ Addition
NAME	Genereux, Claudette	
STREET ADDRESS	3164 S. Peninsula Drive	
CITY-ST-ZIP	Daytona Beach, FL 32118	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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: **SIGNATURE REQUIRED** **Marcia Manthey** **1-26-01** **904-304-5053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)