2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Aug 17, 2000 8:00 am
Secretary of State
03-22-2000 90217 046 ****70.00

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1. Entity Name

FRIENDS OF THE NATURE COAST LAKES REGION LIBRARY (R)

Principal Place of Business	Mailing Address
1511 DRUID ROAD INVERNESS FL 34452	1511 DRUID ROAD INVERNESS FL 34452-4507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3469900 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATHERTON, ARLENE
1511 DRUID ROAD
INVERNESS FL 34452

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ATHERTON, ARLENE D 6787 S DOVE DR FLORAL CITY FL 34436	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LANDRY, JAKE 3962 E LAKE HERNANDO FL 34442	☒ Delete	☒ Change ☐ Addition	V Anne Illig 870 Mayflower Ave D Inverness FL 34452
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHWINDT, JOY 4948 E MARSHLAKE DR HERNANDO FL 34442	☒ Delete	☒ Change ☐ Addition	S Jeanne Hunter 4918 E Botany Ct D Floral City, FL 34436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIS, NORMA 7350 E TURNER CAMP RD INVERNESS FL 34453	☒ Delete	☒ Change ☐ Addition	T Jeanne Hunter Ct. 4918 E Botany Ct. Floral City, FL 34436
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E037 (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: Jeanne E. Hunter SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Jeanne E. Hunter — Date 3/20/2000 — Daytime Phone # (352) 344-5256