2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 07, 2001 8:00 am
Secretary of State
02-06-2001 90333 009 ****70.00

DOCUMENT # N99000000464

1. Entity Name

FRIENDS OF THE NATURE COAST LAKES REGION LIBRARY

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

DO NOT WRITE IN THIS SPACE

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 59-3469900 ☐ 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
ATHERTON, ARLENE 1511 DRUID ROAD INVERNESS FL 34452	Name: LesLie FRAZE Street Address (P.O. Box Number is Not Acceptable): 1511 DRUID Road City: INVERNESS FL Zip Code: 3445-2

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: Julie C Fraze 1/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	PD ATHERTON, ARLENE 6787 S DOVE DR FLORAL CITY FL 34436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Leslie FRAZE 8528 E. Aquarius Dr. Inverness FL 34450-2741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FLUIG, ANNE 3962 E LAKE HERNANDO FL 34442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPresident T ARLENE Atherton 6787 S. Dove DR Floral City FL 34436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUNTER, JEANNE 4918 E BOLANY CT FLORAL CITY FL 34436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary T FRANCES RANKIN 1742 DRUID ROAD INVERNESS, FL 34452	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIS, NORMA 7350 E TURNER CAMP RD INVERNESS FL 34453	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 1/17/01 (352) 860-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #