

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90032 015 ****61.25

DOCUMENT # 746656

1. Entity Name

FRIENDS OF THE HUDSON LIBRARY, INC.

Principal Place of Business

Mailing Address

8012 LIBRARY RD
 HUDSON FL 34667

8012 LIBRARY RD
 HUDSON FL 34667-6968

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1967069

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

DELEHANTY, AILEEN B.
7831 NEW YORK AVE
HUDSON FL 34667

Name **LORRAINE CORS**

Street Address (P.O. Box Number is Not Acceptable)

8012 LIBRARY RD.

City **HUDSON**

FL

Zip Code **34667**

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 **LORRAINE CORS**

Signature, typed or printed name of registered agent and title if applicable.

Lorraine Cors

(NOTE: Registered Agent signature required when reinstating)

3/8/00

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** Delete
 NAME **DONBAR, BOB**
 STREET ADDRESS **7711 TYSON DR**
 CITY-ST-ZIP **HUDSON FL**

TITLE **P** Change Addition
 NAME **GERRY STARKEY**
 STREET ADDRESS **7632 NEW JERSEY AVE.**
 CITY-ST-ZIP **HUDSON, FLA. 34667**

TITLE **VP** Delete
 NAME **MELLINGER, HERB**
 STREET ADDRESS **10532 QUIMBY DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** Change Addition
 NAME **CAROL LASHER**
 STREET ADDRESS **8994 S.R. 52**
 CITY-ST-ZIP **HUDSON, FLA 34667**

TITLE **T** Delete
 NAME **STAGLIANO, JO**
 STREET ADDRESS **1011 SURREY DR**
 CITY-ST-ZIP **HUDSON FL**

TITLE **S** Change Addition
 NAME **DENISE VANACORE**
 STREET ADDRESS **8012 LIBRARY RD.**
 CITY-ST-ZIP **HUDSON, FLA. 34667**

TITLE **D** Delete
 NAME **BURKE, LINDA**
 STREET ADDRESS **7229 HUDSON AVE**
 CITY-ST-ZIP **HUDSON FL**

TITLE **D** Change Addition
 NAME **KATHY RUSHE**
 STREET ADDRESS **7229 HUDSON AVE**
 CITY-ST-ZIP **HUDSON, FLA. 34667**

TITLE **D** Delete
 NAME **STARKEY, GERRY**
 STREET ADDRESS **7632 NEW JERSEY AVE**
 CITY-ST-ZIP **HUDSON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VINCENT, JUDY**
 STREET ADDRESS **12021 ALTOONA AVE**
 CITY-ST-ZIP **HUDSON FL**

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:

Judy Vincent
JUDY VINCENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

DATE

727-862-7682

DAYTIME PHONE #

CR2E037 (9/99)