2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
04-10-2000 90113 001 ****61.25

DOCUMENT # N02062

1. Entity Name
Florida Health Sciences Library Association, Inc.

Principal Place of Business	Mailing Address
1601 NW 10th Ave P.O. Box 016950 Miami, FL 33101	% Orlando Regional Healthcare Health Sciences Library 1414 S. Orange Ave Orlando, FL 32806

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2829362 ☐ 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
Powell, Erica Calder Memorial Library, Univ. of Miami 1601 NW 10 Ave Miami, FL 33136	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	PD Francis, Barbara W Health Sc. Ctr. Library, Univ of FL Box 100206 Gainesville FL 32610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Powell, Erica 1601 NW 10th Ave Miami, FL 33136	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Wolff, Gwen M 4890 W Kennedy Blvd., Ste 200 Tampa FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Elia, Naomi 1414 South Orange Ave Orlando, FL 32806	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Raddatz, Mary Kaye 9200 66th St. N. Pinellas Park, FL 33781	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Sherwill-Navarro, Pamela 701 6th Street South St. Petersburgh, FL 33701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Walton, Deedra 1414 S. Orange Ave Orlando, FL 32806	☐ 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 (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: Deedra J. Walton Deedra J. Walton 4-3-00 407-841-5111 x5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #