

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746656

1. Entity Name

FRIENDS OF THE HUDSON LIBRARY, INC.

Principal Place of Business

8012 LIBRARY RD
HUDSON FL 34667

Mailing Address

8012 LIBRARY RD
HUDSON FL 34667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORS, LORRAINE
8012 LIBRARY RD
HUDSON FL 34667

4. FEI Number

59-1967069

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 P
NAME STARKEY, GERRY
STREET ADDRESS 7632 NEW JERSEY AVE
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 another like empowered.

SIGNATURE:

Joseph A. Stagliano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

727-862-7682

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90033 031 ****61.25



DO NOT WRITE IN THIS SPACE