

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0084458

05-16-2001 90048 042 *****61.25

DOCUMENT # 746539

1. Entity Name

FRIENDS OF THE GADSDEN COUNTY PUBLIC LIBRARY, IN

Principal Place of Business

Mailing Address

**341 E. JEFFERSON
 QUINCY FL 32351**

**341 E. JEFFERSON
 QUINCY FL 32351**

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

59-1917378

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

**CUMBIE, NESTA
 404 LIVE OAK LANE
 HAVANA FL 32333**

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

Nesta Cumbie

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-01

**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	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, ELLEN	
STREET ADDRESS	RT 5, BOX 144-A	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVERETT, ALMETA	
STREET ADDRESS	RT 6 BOX 48	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COURY, DEBORAH	
STREET ADDRESS	200 COUNTRY CLUB DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CUMBIE, NESTA	
STREET ADDRESS	404 LIVE OAK LN	
CITY-ST-ZIP	HAVANA FL	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	STRICKLAND, MARGARETTE	
STREET ADDRESS	319 W NORTH STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARGARET	
STREET ADDRESS	RT 1 BOX 72	
CITY-ST-ZIP	QUINCY FL 32351	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY EMMA BASSETT	
STREET ADDRESS	3725 SOLOMON DAIRY RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA ANN MCCASKILL	
STREET ADDRESS	170 HICKORY LANE	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Nesta Cumbie

5-1-01

850-539-5689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)