

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703000

1. Entity Name

FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF ENG

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90033 046 ****70.00

Principal Place of Business

100 W. DEARBORN ST.
ENGLEWOOD FL 34223
US

Mailing Address

100 W. DEARBORN ST
ENGLEWOOD FL 34223-3237
US

2. Principal Place of Business

3. Mailing Address

200 S. INDIANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ENGLEWOOD, FL

4. FEI Number

59-2336166

Applied For

Not Applicable

Zip

Country

Zip

34223

Country

US

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

FEE, BETTY B.
209 ROCKWOOD WAY
ENGLEWOOD FL 34223

Name

THOMAS D. SWEPSTON

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

30 GOLF VIEW DR.

City

ENGLEWOOD

FL

Zip Code

34223

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

Thomas D. Swebston, Treasurer

4/22/00

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 P ☐ Delete
NAME BERESFORD-REDMAN, DAVID
STREET ADDRESS 365 PALM GROVE AVE
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE VP ☐ Delete
NAME WIKOF, HELEN
STREET ADDRESS 329 OAKWOOD CIR
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE T ☒ Delete
NAME FEE, BETTY B
STREET ADDRESS 209 ROCKWOOD WAY
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE TREASURER ☒ Change ☐ Addition
NAME THOMAS D. SWEPSTON
STREET ADDRESS 30 GOLF VIEW DR.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE S ☒ Delete
NAME RIGGS, KATHLEEN
STREET ADDRESS 210 LAKEVIEW LN
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☒ Change ☐ Addition
NAME BETTY B. FEE
STREET ADDRESS 209 ROCKWOOD WAY
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☐ Delete
NAME AULT, ROY
STREET ADDRESS 51 SELMA AVE
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE D ☐ Delete
NAME MULLEN, EMMA
STREET ADDRESS 31 GULF VIEW DR
CITY-ST-ZIP ENGLEWOOD FL 34223

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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4/22/00 941-474-2244

CR2E037 (9/99)