

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703000

1. Entity Name

FRIENDS OF THE ELSIE QUIRK PUBLIC LIBRARY OF ENG

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90006 045 ****61.25

Principal Place of Business

100 W. DEARBORN ST.
ENGLEWOOD FL 34223
US

Mailing Address

200 S. INDIANA AVE.
ENGLEWOOD FL 34223
US

2. Principal Place of Business

3. Mailing Address

100 W. DEARBORN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ENGLEWOOD, FL

Zip

Country

Zip

Country

34223

USA

4. FEI Number

59-2336166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEE, BETTY B.
209 ROCKWOOD WAY
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name CAROL STEVENSON

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

1475 BAYSHORE DRIVE

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. SWEPSTON
THOMAS D. SWEPSTON, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

7/18/01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P BERESFORD-REDMAN, DAVID 365 PALM GROVE AVE ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIKOF, HELEN 329 OAKWOOD CIR ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FEE, BETTY B 209 ROCKWOOD WAY ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIGGS, KATHLEEN 210 LAKEVIEW LN ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AULT, ROY 51 SELMA AVE ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, EMMA 31 GULF VIEW DR ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRUCE C. McLEAN 8500 GATEWAY CT. ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CAROL STEVENSON 1475 BAYSHORE DRIVE ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER THOMAS D. SWEPSTON 30 GOLF VIEW DR. ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOYCE SPLITT 4 SOUTH MARINA PLAZA ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HARRY C. SMITH 25 ST. JOHN BLVD. ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BABS POTTER 6189 MANASOTA KEY RD. ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: THOMAS D. SWEPSTON THOMAS D. SWEPSTON 7/18/01 941-474-2218

CR2E037 (5/01)