## 2000 UNIFORM BUSINESS REPORT (UBR)

## $\mathtt{FILED}$ **DOCUMENT # 703494** Jul 21, 2000 8:00 am 1. Entity Name Secrétary of State LEHIGH ACRES PUBLIC LIBRARY ASSOCIATION. INC. 07-21-2000 90156 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 1301 HOMESTEAD ROAD N. 1301 HOMESTEAD ROAD N. LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 3. Mailing Address 2. Principal Place of Business Post Office Box 254 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-1319461 CRES EHIGH Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HAMM, LETA E 1301 HOMESTEAD ROAD, N. **LEHIGH ACRES FL 33936** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State After September 13, 2000 min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Delete TITLE Change Addition TERENCE H. WOLFLEY 1506 BROADWAY AVE TITLE EGAN, KAY NAME NAME STREET ADDRESS 104 COUNTRY CLUB PARKWAY STREET ADDRESS EHIGH ACRES, FL 33972 CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33972 Change ☐ Addition SD TITI È LARRY DUNCAN Delete NAME SLACK, LOUIS M 1109 HIBISCUS AUE NAME STREET ADDRESS STREET ADDRESS 1290 BROAD ST. W-N-8--P.O. BOX 578 LEHIGH ACRES, FL 33934 City-St-7IP CITY-ST-ZIP LEHIGH ACRES FL 33970-0578 Change Addition Delete TITLE TITLE EDITH WOLFLEY 1506 BESADWAY AUG MORSE, JACK NAME NAME STREET ADDRESS STREET ADDRESS 220 HAMILTON AVE. LEHIGH ACRES, FL 33972 CITY-ST-ZIP CITY-ST-ZIE LEHIGH ACRES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.