

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90292 015 *****70.00

DOCUMENT # 710121

1. Entity Name

NEW COLLEGE LIBRARY ASSOCIATION, INC.



Principal Place of Business

**5700 N TAMiami TRAIL
LBR 207
SARASOTA FL 34243
US**

Mailing Address

**5700 TAMiami TRAIL
LBR 207
SARASOTA FL 34243
US**

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 **59-6165192**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SUMMERVILLE, JANE
5700 N TAMiami TR
LBR 207
SARASOTA FL 34243**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SEIDER, TRACY**
STREET ADDRESS **395 AVENIDA MILANO**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Delete
NAME **WATSON, JOANNE**
STREET ADDRESS **4846 KESTRAL PARK CIR.**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DT** ☐ Delete
NAME **STEWART, LINDA**
STREET ADDRESS **3937 WILSHIRE DR.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **DVP** ☒ Delete
NAME **BOWMAN, DAVID**
STREET ADDRESS **1750 FLOYD ST.**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **DS** ☐ Delete
NAME **GRIFFITH, KAREN**
STREET ADDRESS **1351 N LAKE SHORE DR**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DP** ☐ Delete
NAME **GAYLOR, W E**
STREET ADDRESS **901 RIDGEWOOD AVE**
CITY-ST-ZIP **VENICE FL 34292**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **DT** ☒ Change ☐ Addition
NAME **KENNEDY, LINDA**
STREET ADDRESS **3937 WILSHIRE DR.**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **DP** ☐ Change ☒ Addition
NAME **HESS, DAVID R.**
STREET ADDRESS **1605 MAIN ST., #1010**
CITY-ST-ZIP **SARASOTA, FL 34236**

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

TITLE **D** ☒
NAME **GAYLOR, W.E.**
STREET ADDRESS **901 RIDGEWOOD AVE.**
CITY-ST-ZIP **VENICE, FL 34292**

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 indicate 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

1-19-03 94

CR2E037 (10/02)

ADDITIONS

D

COTA, RONALD
5322 Everwood Run
Sarasota, FL 34235

D

PELLAND, JOAN
5700 N. Tamiami Tr.
Sarasota, FL 34243