

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90317 020 *****61.25

DOCUMENT # 723417

1. Entity Name

FRIENDS OF THE LIBRARY OF AVON PARK, INC.

Principal Place of Business

100 N. MUSEUM AVENUE
AVON PARK FL 33825-3945
US

Mailing Address

100 N. MUSEUM AVENUE
AVON PARK FL 33825-3945
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

59-2364402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DERKMAN, LUCY
103 E. MONROE ST.
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

SCHILLING, PEGGY V

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

534 SANDY LANE

City

AVON PARK

FL

Zip Code

33825

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

Peggy V Schilling

PEGGY V. SCHILLING

4-19-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERKMAN, LUCY 103 E. MONROE ST. AVON PARK FL	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHABIR, DHAUT 2512 N MOHAWK DR AVON PARK FL 33825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FISCHER, CHARLENE M 2278 N. ALEXANDER RD. AVON PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHILLING, PEGGY V 534 SANDY LANE AVON PARK FL 33825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRACLE, THEDA 64 N. HIGHLANDS AVE. AVON PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRIGHT, MICHAEL D 2029 STATE ROAD 64 WEST AVON PARK FL 33825	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DERKMAN, LUCY 103 E. MONROE ST. AVON PARK, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCHILLING, PEGGY V. 534 SANDY LANE AVON PARK, FL 33825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

Charlene M Fischer CHARLENE M. FISCHER

Date

4/19/01

Daytime Phone #

863-453-8289

CR2E037 (10/00)