

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733460

1. Entity Name

FRIENDS OF THE COLUMBIA COUNTY PUBLIC LIBRARY, I

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90047 007 ****61.25

Principal Place of Business

Mailing Address

490 N. COLUMBIA ST.
LAKE CITY FL 32055

490 N. COLUMBIA ST.
LAKE CITY FL 32055-2816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1647282

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERTS, FAYE C.
490 N. COLUMBIA ST.
LAKE CITY FL 32055

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **HOLLIDAY-FIELDS, NANCY**
STREET ADDRESS **PO BOX 1569**
CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE **P** ☒ Change ☐ Addition
NAME **COLLINS, MARGARET**
STREET ADDRESS **24 ARREDONDO ST**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **VPD** ☐ Delete
NAME **BLEVINS, JENNIFER**
STREET ADDRESS **ROUTE 16 BOX 569**
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **SD** ☐ Delete
NAME **HARRINGTON, MARILYN**
STREET ADDRESS **RT 23 BOX 1316**
CITY-ST-ZIP **LAKE CITY FL 32025**

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

TITLE **I** ☒ Delete
NAME **GAITHER, RICK**
STREET ADDRESS **400 S HERNANDO**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **T** ☒ Change ☐ Addition
NAME **HARRINGTON, BRUCE**
STREET ADDRESS **RT 23 BOX 1316**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **D** ☐ Delete
NAME **ROBERTS, FAYE**
STREET ADDRESS **490 N. COLUMBIA ST.**
CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Faye Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

904-758-1018

Daytime Phone #

CR2E037 (9/99)