

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90185 023 ****61.25

DOCUMENT # 733460

1. Entity Name

**FRIENDS OF THE COLUMBIA COUNTY PUBLIC LIBRARY, I
NC.**



Principal Place of Business

**490 N. COLUMBIA ST.
LAKE CITY FL 32055**

Mailing Address

**490 N. COLUMBIA ST.
LAKE CITY FL 32055**

2. Principal Place of Business

308 NW Columbia Ave.

3. Mailing Address

308 NW Columbia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL 32055

City & State

Lake City FL 32055

4. FEI Number **59-1647282**

Applied For

Not Applicable

Zip

32055

Country

Zip

32055

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

ROBERTS, FAYE C.

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

308 NW COLUMBIA AVE.

City

LAKE CITY

FL

Zip Code

32055

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	P	<input checked="" type="checkbox"/> Delete
NAME	BLEVINS, JENNIFER	
STREET ADDRESS	RT 16 BOX 569,	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRISS, KENT	
STREET ADDRESS	1322 ALAMO DR	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, DOLLY	
STREET ADDRESS	RT 20 BOX 2131	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURKHARDT, KARL	
STREET ADDRESS	P O BOX 7154	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, FAYE	
STREET ADDRESS	490 N. COLUMBIA ST.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMSON, GERRY	
STREET ADDRESS	463 PALM DRIVE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	805 SW ALAMO DRIVE.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	308 NW COLUMBIA AVE.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Henry Adamson
REQUIRED

4/23/03

(386) 758-1018

CR2E037 (10/02)