

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739862

1. Entity Name

FRIENDS LIBRARY OF PUNTA GORDA, INC.

Principal Place of Business

424 W. HENRY ST.
PUNTA GORDA FL 33950

Mailing Address

424 W. HENRY ST.
PUNTA GORDA FL 33950

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

59-1787924

Applied For

Not Applicable

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

MCDONALD, BETTY
801 MONACO DRIVE
PUNTA GORDA FL 33950

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EWELL, JACK 3800 BAL HARBOR BLVD. #311 PUNTA GORDA FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEORGE, SHIRLEY 690 CORONADO DR PUNTA GORDA FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRASSWELLER, JAMES 751 MONACO DR PUNTA GORDA FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STREET, VERNA 4916 ALMAR DR. PUNTA GORDA FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2001 941 8052122

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90064 006 ****61.25

00011245



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)