

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742860

Entity Name  
FELLSMERE LIBRARY ASSOCIATION

FILED

00 FEB 24 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
CYPRESS ST.  
PO BOX 46  
FL 32948

Mailing Address  
N. CYPRESS ST.  
P O BOX 46  
FELLSMERE FL 32948-0046

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

1/28/00 90132/005 \$61.25  
DO NOT WRITE IN THIS SPACE  
4. FEI Number 59-1768111  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH, LOUISE  
151 NORTH HICKORY STREET  
FELLSMERE FL 32948

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 SMITH, Louise  
Signature, typed or printed name of registered agent and title if applicable  
NOTE: Registered Agent signature required when reinstating  
1-24-2000  
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D V. President	BOISVERT, PHYLLIS	12855 81 STREET FELLSMERE FL 32948				
	D Treasurer	CARTER, MARY	74 S. HICKORY ST. FELLSMERE FL				
	D President	KORMAN, RUBY	8 NORTH MULBERRY ST FELLSMERE FL				
	D Secretary	BOOKER, RUTH	6467 55TH SQUARE VERO BCH FL 32967				

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: Mary Louise Smith  
Signature and typed or printed name of signing officer or director  
1-24-2000 - 591-0045  
Date Daytime Phone #