

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90034 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 742860</b>			
1. Entity Name <b>FELLSMERE LIBRARY ASSOCIATION</b>			
Principal Place of Business N. CYPRESS ST. P O BOX 46 FELLSMERE FL 32948		Mailing Address N. CYPRESS ST. P O BOX 46 FELLSMERE FL 32948	
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 <b>59-1768111</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, LOUISE 151 NORTH HICKORY STREET FELLSMERE FL 32948		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 <u>SMITH, LOUISE</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOISVERT, PHYLLIS	NAME	
STREET ADDRESS	12655 81 STREET	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL 32948	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARY	NAME	
STREET ADDRESS	74 S. HICKORY ST.	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORMAN, RUBY	NAME	
STREET ADDRESS	8 NORTH MULBERRY ST	STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOOKER, RUTH	NAME	D SECRETARY
STREET ADDRESS	6467 55TH SQUARE	STREET ADDRESS	BARBARA MCFARLAND
CITY-ST-ZIP	VERO BCH FL 32967	CITY-ST-ZIP	13825 98th St.
TITLE	<input type="checkbox"/> Delete	TITLE	FELLSMERE FLA 32948
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>MARINACHTER REMAR</u>		<u>561-</u> <u>1-8-2001-571-0045</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/00)