

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742860

1. Entity Name

FELLSMERE LIBRARY ASSOCIATION

Principal Place of Business

N. CYPRESS ST.
P O BOX 46
FELLSMORE FL 32948

Mailing Address

N. CYPRESS ST.
P O BOX 46
FELLSMORE 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

59-1768111

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

SMITH, LOUISE
151 NORTH HICKORY STREET
FELLSMORE 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 *Louise Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1-14-2002*

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
DVP
BOISVERT, PHYLLIS
12655 81 STREET
FELLSMERE FL 32948 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CARTER, MARY
74 S. HICKORY ST.
FELLSMERE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KORMAN, RUBY
8 NORTH MULLBERRY ST
FELLSMERE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MCFARLAND, BARBARA
13825 98TH STREET
FELLSMEKE FL 33948 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Mary L. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREASURER
MARY L. CARTER
1-14-2002
561-541-0045
Date Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90138 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment
BOW4089

Doc # 742860



Florida Department of Revenue

Consumer's Certificate of Exemption

Doc # 742860

This Certificate is
Non-transferable.

DR-14
R. 03/97

Issued Pursuant to Chapter 212, Florida Statutes

| Issue Date | Expiration Date | Certificate Number | Type of Organization |
|------------|-----------------|--------------------|-------------------------|
| 01/25/98 | 01/25/2003 | 41-01-012824-57C | EDUCATIONAL INSTITUTION |

This Certifies That

FELLSMERE LIBRARY ASSOCIATION
DBA MARION FELL LIBRARY
91N CYPRESS ST
FELLSMERE FL 32948

Exempt From the Payment of Sales and Use Tax on the Purchase or Lease of Tangible Personal Property, the
lease of Transient Rental Accommodations or Real Property.

L.H. Fuchs
Executive Director