

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90274 024 ****61.25

DOCUMENT # 748529

1. Entity Name

COUNCIL FOR FLORIDA LIBRARIES, INC.

Principal Place of Business

% 901 E. LAS OLAS BLVD.
 STE 201
 FT. LAUDERDALE FL 33301
 US

Mailing Address

% 901 E. LAS OLAS BLVD.
 STE 201
 FT. LAUDERDALE FL 33301
 US

2. Principal Place of Business

103 NW 2nd Ave

3. Mailing Address

103 NW 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

59-1940842

Applied For

Not Applicable

Zip

33311

Country

US

Zip

33311

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFFNER, FREDERICK G., JR.
901 E. LAS OLAS BLVD.
STE 201
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

103 NW 2nd Ave

City

Fort Lauderdale

FL

Zip Code

33311

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

After September 12, 2001, min. will be \$236.25

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

TITLE **PD** ☐ Delete
 NAME **RUFFNER, FREDERICK G.**
 STREET ADDRESS **901 E LAS OLAS BLVD STE 201**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **STD** ☐ Delete
 NAME **COOPER, BARBARA D.**
 STREET ADDRESS **936 INTRACOASTAL DR. #6D**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **D** ☐ Delete
 NAME **KAUFELT, DAVID**
 STREET ADDRESS **900 FLAGLER DR**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **103 NW 2nd Ave**
 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

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

TITLE ☐ Change ☐ Addition
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 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:

Barbara D Cooper

Barbara D Cooper 8/29/01 954-4636860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)