FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2001 8:00 am DOCUMENT # 749397 **Secretary of State** 1. Entity Name 03-13-2001 90082 049 ****61.25 FRIENDS OF THE LARGO LIBRARY, INC. Principal Place of Business Mailing Address 351 EAST BAY DRIVE 351 EAST BAY DRIVE **LARGO FL 33770** LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3225783 Not Applicable Zip___ Zip__ Country Country Country \$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ENGLAND, VIRGINIA G CPA FIRST UNION BANK BUILDING 801 WEST BAY DRIVE, SUITE 506 LARGO FL 33770-3220 City 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE TITLE Delete STEVENS, RENA NAME 236 LARK DRIVE S.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33778 CITY-ST-ZIP FIRST VICE PRESIDENT ☐ Addition Change TITLE Delete TITLE VIRGINIA LAKEY DOBKIN, JOSEPH B NAME HOO ALT. KEENE ROAD STREET ADDRESS 9612 TARA CAY STREET STREET ADDRESS LARGO FL 33771 CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-ZIP TREASURER F. PAUL MCCARTHY X Change ☐ Addition TITLE Delete TITLE ONG, LIANNE S NAME NAME 12872 137th LANE NORTH STREET ADDRESS 1178 BREEZE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 LARGO FL 33770 TITLE ☐ Delete TITLE Change ☐ Addition PORTER, KATHRYN NAME NAME STREET ADDRESS 608 7TH AVE. N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33770 ☐ Delete TITLE ☐ Change ☐ Addition TITLE BURGESS, RUTH NAME NAME 4550 COVE CIRCLE, APT. 1108 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MADIERA BEACH FL 33708 TITLE Delete TITLE Change ☐ Addition DONALDSON, EMILY NAME NAME 105 HARBOR VIEW LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP LARGO FL 33770

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Stevens

3/7/01 584

3 8 4 - 7 6 90 Devtime Phone #