2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90119 034 ****61.25

DOCUMENT # 755881

1. Entity Name

FRIENDS OF THE COASTAL REGION LIBRARY, INC.

Principal Place of Business	Mailing Address
8619 WEST CRYSTAL STREET CRYSTAL RIVER FL 34429	8619 WEST CRYSTAL STREET CRYSTAL RIVER FL 34428-4468

DO NOT WRITE IN THIS SPACE

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 59-2075125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODE, DOROTHY
6035 AINSLEY CT
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name: NANCY REILLY
Street Address (P.O. Box Number is Not Acceptable): 1461 N. ENDICOTT PT.
City: CRYSTAL RIVER **FL** Zip Code: 34429

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: Nancy Reilly NANCY REILLY 1-22-00
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

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	PD KETTELL, NANCY 11372 W BAYSHORE DR CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ASBURY, JULIA B. 2123 N. WATERSEDGE DR CRYSTAL RIVER, FL 34429	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ASBURY, JULIA B 2123 N WATERSEDGE DR. CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KETTELL, NANCY 11372 W. BAYSHORE DR CRYSTAL RIVER, FL 34429	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMYTH, BETTY 11500 W BAYSHORE DR CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAINE, MEREDITH 11321 W. BAYSHORE DR CRYSTAL RIVER, FL 34429	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REILLY, NANCY 1461 N ENDICOTT PT CRYSTAL RIVER FL 34429	☐ 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: Nancy Reilly SIGNATURE REQUIRED NANCY REILLY 1-22-00 352-795-2863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #