

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 91433 020 ****61.25

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DOCUMENT # 755881

1. Entity Name

FRIENDS OF THE COASTAL REGION LIBRARY, INC.

Principal Place of Business

**8619 WEST CRYSTAL STREET
CRYSTAL RIVER FL 34429**

Mailing Address

**8619 WEST CRYSTAL STREET
CRYSTAL RIVER FL 34429**

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

7. Name and Address of New Registered Agent

**REILLY, NANCY
1461 N. ENDICOTT PT
CRYSTAL RIVER FL 34429**

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

Nancy Reilly

NANCY REILLY

3-19-02

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
ASBURY, JULIA B
2123 N WATSEEDGE DR
CRYSTAL RIVER FL 34429** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KETTELL, NANCY
11372 W BAYSHORE DR
CRYSTAL RIVER FL 34429** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PAINE, MEREDITH
11321 W BAYSHORE DR
CRYSTAL RIVER FL 34429** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GILLEY, BARBARA
2205 N. KINGS COVE PT.
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
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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

NANCY REILLY

3-19-02

352-795-2863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)