

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 11, 2000 8:00 am
Secretary of State

03-28-2000 90012 025 ****70.00

DOCUMENT # 756623

1. Entity Name

THE MELROSE LIBRARY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

312 WYNWOOD
MELROSE FL 32666
US

PO BOX 54
MELROSE FL 32666-0054
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-9128802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~BARTLETT, CHARLES H
125 QUAIL LANE
ROUTE 21
HAWTHORNE FL 32640~~

~~ALLENSWORTH, THOMAS M
6228 DOGWOOD LN
MELROSE, FL 32666~~

Name

ALLENSWORTH, THOMAS M JR

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

6228 DOGWOOD LN

City

MELROSE

FL

Zip Code

32666

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.

THOMAS M. ALLENSWORTH JR

SIGNATURE

[Signature]

TREASURER

3-24-00

(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 **V** ☒ Delete
NAME **BONSTEEL, PAT**
STREET ADDRESS **3051 SE STATE RD 21 UNIT 7**
CITY-ST-ZIP **MELROSE FL**

TITLE **V** ☒ Change ☐ Addition
NAME **BARTLETT, CHARLES**
STREET ADDRESS **125 QUAIL LANE**
CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE **T** ☒ Delete
NAME **BARTLETT, CHARLES H**
STREET ADDRESS **125 QUAIL LANE**
CITY-ST-ZIP **HAWTHORNE FL**

TITLE **T** ☒ Change ☐ Addition
NAME **ALLENSWORTH, THOMAS M JR**
STREET ADDRESS **6228 DOGWOOD LANE**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **S** ☒ Delete
NAME **GEISEL, JEAN**
STREET ADDRESS **6221 DOGWOOD LANE**
CITY-ST-ZIP **MELROSE FL**

TITLE **S** ☒ Change ☐ Addition
NAME **VA WOLFE, VALERIE**
STREET ADDRESS **125 HOUR GLASS Circle**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **PD** ☐ Delete
NAME **WARREN, KATHI**
STREET ADDRESS **500 GROVE STREET**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **D** ☐ Change ☒ Addition
NAME **TOM LUCAS**
STREET ADDRESS **5920 LEXINGTON AVE**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **D** ☒ Delete
NAME **RENZELMAN, PEGGY**
STREET ADDRESS **6102 N 255TH ST**
CITY-ST-ZIP **MELROSE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **AL BURT**
STREET ADDRESS **10 LONG LAKE ROAD**
CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **D** ☒ Delete
NAME **ELLIOTT, ANNA**
STREET ADDRESS **8467 LILLY LAKE RD**
CITY-ST-ZIP **MELROSE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **PEGGY RENZELMAN**
STREET ADDRESS **6102 QUAIL ST**
CITY-ST-ZIP **MELROSE FL 32666**

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] **THOMAS M. ALLENSWORTH JR. TRGS**

3-24-00

(352) 475-2926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/99)