

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 767239

1. Entity Name

FRIENDS OF THE ORMOND BEACH PUBLIC LIBRARY, INC. - *fr*

FILED
Jul 19, 2000 8:00 am
Secretary of State

05-22-2000 90075 048 ****61.25

Principal Place of Business %30 S. BCH. ST. ORMOND BEACH FL 32174	Mailing Address %30 S. BCH. ST. ORMOND BEACH FL 32174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2301462	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SLAUGHTER, LEWIS W.
30 SOUTH BEACH ST
ORMOND BEACH LIBRARY
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name JONES, REBECCA F. CASTARDO-
Street Address (P.O. Box Number is Not Acceptable)
ORMOND BEACH LIBRARY
30 SOUTH BEACH ST
City ORMOND BEACH FL Zip Code 32174

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 Rebecca F. Castardo-Jones Rebecca F. Castardo-Jones 7/03/00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTARDO-JONES, REBECCA 180 ELLICOTT DRIVE 215 COQUINA AV ORMOND BEACH FL 32174 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAUGHTER, LEWIS 53 N ST ANDREWS ORMOND BEACH FL 32174 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FANNETT, JOE 140 RAY MAR DR ORMOND BCH FL 32174 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER NICOLETTE MURPHY 17 NOBLEWOODS WAY ORMOND BEACH, FL 32174 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECOND VICE PRES. JACK SLAVEN 30 SOUTH BEACH ST. ORMOND BEACH, FL 32174 ☐ Change ☒ Addition
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: NICOLETTE MURPHY NICOLETTE MURPHY 7-20-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)