2000 UNIFORM BUSINESS REPORT (UBR)

091300

DOCUMENT # 767239

1. Entity Name

FRIENDS OF THE ORMOND BEACH PUBLIC LIBRARY, INC.

FILED
00 SEP 14 AM 11:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%30 S. BCH. ST. ORMOND BEACH FL 32174	%30 S. BCH. ST. ORMOND BEACH FL 32174

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 59-2301462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SLAUGHTER, LEWIS W.~~ Rebecca F. CASTARDO-JONES
30 SOUTH BEACH ST
ORMOND BEACH LIBRARY
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

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

000003398050--9
09/19/00--01029--020
City Zip Code
*****70.00 FL *****70.00

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, President 7/27/00
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
After September 13, 2000 min. will be $236.25

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	~~VD~~ President CASTARDO-JONES, REBECCA ~~180 ELLICOTT DRIVE~~ 215 Coquina Av ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President - D Rebecca F. CASTARDO-JONES 30 So. Beach St. c/o Ormond Beach Library Ormond Beach, FL. 32174	☒ Change ☐ Addition
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	D First Vice Pres. / Margaret Riley, 1st V.P. - D 1566 Poplar Dr. Ormond Beach, FL - 32174	☒ Change ☐ Addition
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	D Second V.P. / Jack Staven - 2nd V.P. - D 127 Winward Cr. Ormond Beach, FL. 32176	☒ 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
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CR2E037 (5/00)

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: Rebecca F. Castardo-Jones 7/27/00 904-676-5481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #