

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767836

1. Entity Name

FRIENDS OF THE LIBRARY OF HERNANDO COUNTY, FLORI

Principal Place of Business

238 HOWELL AVE
BROOKSVILLE FL 34601

Mailing Address

238 HOWELL AVE
BROOKSVILLE FL 34601-2040

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

59-2401288

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

PARENT, DEBORAH
6391 EVARO AVE
SPRING HILL FL 34608

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

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	P	<input type="checkbox"/> Delete
NAME	GRENTIENS, ELIZABETH	
STREET ADDRESS	2320 ARDENWOOD DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALTERS, DONALD	
STREET ADDRESS	6267 SUNDAY RD	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARENT, DEBORAH	
STREET ADDRESS	6391 EVARO AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEPEW, ELIZABETH	
STREET ADDRESS	2434 WORTHINGTON CT	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITLOCK, ANNE	
STREET ADDRESS	8538 DELAWARE DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	INFANTE, ALICE	
STREET ADDRESS	2077 ESCOBAR AVE	
CITY-ST-ZIP	SPRING HILL FL 34608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cocchi, Louise	
STREET ADDRESS	7522 St. Andrews Blvd	
CITY-ST-ZIP	Weeki Wachee, FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Deborah Parent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

352-596-5001
Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90092 013 ****61.25



DO NOT WRITE IN THIS SPACE