

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840579

1. Entity Name

SOUTHEASTERN LIBRARY NETWORK INC.

Principal Place of Business

1438 W PEACHTREE ST NW, SUITE 200
ATLANTA GA 30309-2995
US

Mailing Address

1438 W PEACHTREE ST NW, SUITE 200
ATLANTA GA 30309-2995
US

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

72-0738497

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 C ☐ Delete
NAME CHANNING, RHONDA K
STREET ADDRESS WAKE FOREST UNIVERSITY
CITY-ST-ZIP WINSTON-SALEM NC 27109

TITLE ☒ Change ☐ Addition
NAME Loretta O'Brien-Parham, Chair
STREET ADDRESS Hampton University Library
CITY-ST-ZIP Hampton, VA 23668

TITLE VC ☐ Delete
NAME BENTLEY, STELLA
STREET ADDRESS AUBURN UNIVERSITY
CITY-ST-ZIP AUBURN AL 36849

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

TITLE S ☒ Delete
NAME SUMMERS, LORRAINE D
STREET ADDRESS STATE LIBRARY OF FLORIDA
CITY-ST-ZIP TALLAHASSEE FL 32399

TITLE ☒ Change ☐ Addition
NAME Joe R. Stines
STREET ADDRESS Tampa-Hillsborough County Lib.
CITY-ST-ZIP Tampa, FL 33603

TITLE T ☐ Delete
NAME O' BRIEN- PARHAM, LORETTA
STREET ADDRESS HAMPTON UNIVERSITY
CITY-ST-ZIP HAMTON VA 32668

TITLE ☒ Change ☐ Addition
NAME Frances N. Coleman
STREET ADDRESS Mississippi State University
CITY-ST-ZIP Mississippi State, MS 39762

TITLE D ☒ Delete
NAME PRITCHARD, JOHN A
STREET ADDRESS MISSISSIPPI LIBRARY COMMISSION
CITY-ST-ZIP JACKSON MS 39289

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE