

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90038 016 \*\*\*\*61.25

**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



DO NOT WRITE IN THIS SPACE

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

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME **S 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  Delete  
 NAME **T O' BRIEN- PARHAM, LORETTA**  
 STREET ADDRESS **HAMPTON UNIVERSITY**  
 CITY-ST-ZIP **HAMTON VA 32868**

TITLE  Change  Addition  
 NAME **Frances N. Coleman**  
 STREET ADDRESS **Mississippi State University**  
 CITY-ST-ZIP **Mississippi State, MS 37962**

TITLE  Delete  
 NAME **D 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)