## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000003999

1. Entity Name

FRIENDS OF THE WEST ORANGE LIBRARY, INC.

Principal Place of Business

Mailing Address

150 TEMPLE GROVE DRIVE WINTER GARDEN FL 34787

150 TEMPLE GROVE DRIVE WINTER GARDEN FL 34787

		<i>ξ</i>				) <b>66/01</b> (1/16 (6/10 )	AND 1814 1818	
2. Principal Place of Business		3. Mailing Address					1111 1011 10 <b>1</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	er		pplied For at Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	itional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
HINSON, WILLIAM H				Street Address (P.O. Box Number is Not Acceptable)				
150 TEMPLE GROVE DRIVE WINTER GARDEN FL 34787								
WINTER GARDEN FL 34/0/				City FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing its	registered office o	r registered agent, or bo	th, in the state of Florida.	ı		
							1	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating)	DATE			
FILE NOW: 9. Election Campaign Financing				\$5.00 May Be	Make Check	c Pavable to		
	FEE IS \$61.25	Trust Fund Contribu	~ —	Added to Fees	Departme			
10.	OFFICERS AND DI	 RECTORS	11.	ADDITIONS/CH	  ANGES TO OFFICERS AND I	DIRECTORS IN	10	
TITLE		☐ Delete	TITLE	P/D		☐ Change	☐ Addition	
NAME			NAME CTOTET ADDRESS	William H.	Hinson			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	150 Temple	Grove Drive len, FL 34787			
TITLE		☐ Delete	TITLE	V/D	en, ru 34707	☐ Change	☐ Addition	
NAME		<u> </u>	NAME	Theodore H.	Van Deventer Drive		_	
STREET ADDRESS			STREET ADDRESS				ŀ	
CITY-ST-ZIP	The second secon		CITY-ST-ZIP		len, FL 34787			
TITLE		☐ Delete	TITLE	T/D Harry O. Du	dia.	☐ Change	☐ Addition	
NAME STREET ADDRESS .			NAME STREET ADDRESS	707 Tenceri	ne Court		ļ	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Gard	ne Court len, FL 34787			
TITLE		☐ Delete	TITLE	S/D		☐ Change	☐ Addition	
NAME			NAME	Mary Van De	eventer		1	
STREET ADDRESS			STREET ADDRESS	1550 Coluse	Drive		1	
CITY-ST-ZIP			CITY-ST-ZIP		len, FL 34787			
TITLE		☐ Delete	TITLE	D W Franklin	Cappleman	☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	W. Franklir 955 W. Plan	t Street		ļ	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Gard	ien, FL 34787			
TITLE		☐ Delete	TITLE	D		☐ Change	Addition	
NAME			NAME	Glenda S. A	Actón	_		
STREET ADDRESS			STREET ADDRESS	202 Tildeny	rille School Roa	ıd		
CITY-\$T-ZIP			CITY-ST-ZIP 4	Winter Gard	len, FL 34787			

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

407 656-3599

**FILED** 

05-03-2001 90083 047 \*\*\*\*61.25

May 03, 2001 8:00 am Secretary of State