

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008174

1. Entity Name

ELMER'S GENEALOGY LIBRARY, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90003 008 ****70.00

Principal Place of Business

203 S RANGE ST
MADISON FL 32340-2437

Mailing Address

203 S RANGE ST
MADISON FL 32340-2437

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

59-3701933

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

SPEAR, ELMER C
RT 3, BOX 1720
MADISON FL 32340

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 SPEAR, ELMER C

STREET ADDRESS 203 S RANGE ST

CITY-ST-ZIP MADISON FL 32340-2437

TITLE ☐ Delete

NAME HARDEE, CARY

STREET ADDRESS 203 S RANGE ST

CITY-ST-ZIP MADISON FL 32340-2437

TITLE ☐ Delete

NAME WILLIAMS, BOE

STREET ADDRESS 203 S RANGE ST

CITY-ST-ZIP MADISON FL 32340-2437

TITLE ☐ Delete

NAME CURT, WITCHER

STREET ADDRESS 203 S RANGE ST

CITY-ST-ZIP MADISON FL 32340-2437

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 6 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)