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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am DOCUMENT # N0100006458 Secretary of State FRIENDS OF THE CITRUS COUNTY LIBRARY SYSTEM, INC 04-17-2002 90052 019 ****61.25 Principal Place of Business Mailing Address P.O. BOX 1703 P.O. BOX 1703 HERNANDO FL 34442-1703 HERNANDO FL 34442-1703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State *59-3*746194 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FRAZE, LESLIE C 8528 E. AQUARIUS DR INVERNESS FL 34450-2741 Zip Code FL 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Addition LESLIE C. FRAZE 8528 E. AQUARIUS DE NAME NAME STREET ADDRESS STREET ADDRESS INVERNESS FL 34450-2741 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARBARA GILLEY NAME NAME 2205 N. KINGS PT STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ~~ ☐ Addition SHIRLEY KNOX NAME NAME 12000 N. BLUFF COVE PATH STREET ADDRESS STREET ADDRESS DUNNELLON FL 34434-2288 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE RAE JEAN ENGUSH NAME NAME 221 S. DAVIS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS FL 34465-4142 CITY-ST-ZIP ☐ Addition TITLE JULIE ASBURY 21233 N. WATERSEDGE CRYSTAL RIVER FL 34429 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition TITLE ☐ Delete TITLE ☐ Change ARMAND BRUNET NAME NAME 115 E. VINE ST STREET ADDRESS STREET ADDRESS INVERNÉSS FL 34450 CITY-ST-ZIP 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: JSEGNICE JUES JES G. FRAZE, Pres 4/7/02/352)860-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Device Phone .

PAGE 2 2002 UBR DOCUMENT # NO1000006458 FRIENDS OF THE CITRUS COUNTY 940132 LIBRARY SYSTEM, INC.

BLOCK 10 CONTINUED

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