2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

HERNANDO FL 34442-1703

Suite, Apt. #, etc.

P.O. BOX 1703

DOCUMENT # N0100006458

1. Entity Name

P.O. BOX 1703

Principal Place of Business

2. Principal Place of Business

HERNANDO FL 34442-1703

Suite, Apt. #, etc.

City & State

SIGNATURE

FRIENDS OF THE CITRUS COUNTY LIBRARY SYSTEM, INC.

6. Name and Address of Current Registered Agent



FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90061 015 ****61.25

90007253



FRAZE, LESLIE C 8528 E. AQUARIUS DR INVERNESS FL 34450-2741

7. Name and Address of	New Registered Agent	
Name		
Street Address (P.O. Box Number is Not Acce	eptable)	_
City	⊏	_
red office or registered agent or both in the State	<u> </u>	_

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

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DA

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	☐ Delete	TITLE	VICE PRESID	ENT	☐ Change	Addition
NAME	FRAZE, LESLIE C		NAME	FREDERICK U	しけん		-
STREET ADDRESS	8528 E AQUARIUS DR		STREET ADDRESS	FREDERICK V	EAUPT		
CITY-ST-ZIP	INVERNESS FL 34450-2741		CITY-ST-ZIP	INVERNESS	FL 34452		
TITLE	V	☑ Delete	TITLE	SECRETARY		☐ Change	Addition
NAME	GILLEY, BARBARA		NAME	JACKLE DEA	لم.	_ •	_
STREET ADDRESS	2205 N KINGS PT	7	STREET ADDRESS CITY-ST-ZIP	25-7-7- N. WOO	DGATE DR		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		CITY-ST-ZIP	BEVERLY HI	LLS FL 340	165	
TITLE	S	Delete	TITLE			☐ Change	☐ Addition
NAME	KNOX, SHIRLEY	•	NAME				_
STREET ADDRESS	12000 N. BLUFF COVE PATH		STREET ADDRESS				
CITY-ST-ZIP	DUNNELLON FL 34434-2288		CITY-ST-ZIP				
TITLE	T	☐ Delete	TITLE			Change	Addition
NAME	ENGLISH, RAE JEAN		NAME				
STREET ADDRESS	221 S. DAVIS ST		STREET ADDRESS				
CITY-ST-ZIP	BEVERLY HILLS FL 34465-4142		CITY-ST-ZIP				}
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	ASBURY, JULIE		NAME				
STREET ADDRESS	21233 N. WATERSEDGE		STREET ADDRESS				}
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		CITY-ST-ZIP)
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	Brunet, Armand		NAME			_ •	
STREET ADDRESS	115 E. VINE ST		STREET ADORESS				
CITY-ST-ZIP	INVERNESS FL 34450		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: JERNACUITARE, WEGER C. Fraze, Praidut 1/17/03 (352) PLO-2566

CR2E037 (10/02