

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90109 013 \*\*\*\*61.25

**DOCUMENT # N01116**

1. Entity Name

**EUSTIS LIBRARY FOUNDATION, INC.**

Principal Place of Business

120 N. CENTER STREET  
C/O STEVEN BENETZ  
EUSTIS FL 32726

Mailing Address

120 N. CENTER STREET  
C/O STEVEN BENETZ  
EUSTIS FL 32726

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

**59-2368221**

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

**BENETZ, E. STEVEN**  
**120 N. CENTER STREET**  
**EUSTIS FL 32726**

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

*E. Steven Benetz, Jr.*

/ **E. Steven Benetz, Jr., Secretary**

**02/21/02**

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

T ☐ Delete  
NAME **BLECKLEY-YARBROUGH, DAWN**  
STREET ADDRESS **37350 OAK LANE**  
CITY-ST-ZIP **EUSTIS FL**

D ☐ Change ☒ Addition  
NAME **Alvin B. Jackson**  
STREET ADDRESS **P.O. Box 124**  
CITY-ST-ZIP **Eustis, FL 32726**

S ☐ Delete  
NAME **BENETZ, E. STEVEN**  
STREET ADDRESS **1503 TYRINGHAM ROAD**  
CITY-ST-ZIP **EUSTIS FL**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME **TRASK, ALTA**  
STREET ADDRESS **18 FOREST LANE**  
CITY-ST-ZIP **EUSTIS FL**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP ☐ Delete  
NAME **LE HEUP, WILLIAM**  
STREET ADDRESS **434 E. LEMON AVE**  
CITY-ST-ZIP **EUSTIS FL**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME **MOULDEN, ROBERT L**  
STREET ADDRESS **1908 MORRIS STREET**  
CITY-ST-ZIP **EUSTIS FL**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Delete  
NAME **STONE, LEWIS**  
STREET ADDRESS **10 VILLA WAY**  
CITY-ST-ZIP **EUSTIS FL**

☐ 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:

*E. Steven Benetz, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/21/02**  
/ **E. Steven Benetz, Jr.,** / **352-237-5686**  
Secretary Date Daytime Phone #

CH2E037 (9/01)