

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03963

1. Entity Name

DIXIE COUNTY FRIENDS OF THE LIBRARY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90105 040 ****61.25

Principal Place of Business

Mailing Address

LIBRARY IN CROSS CITY
P O BOX 778
CROSS CITY FL 32628-0078
US

P.O. BOX 778
CROSS CITY FL 32628-0778
US

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

59-2426890

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

SMITH, BETTY D
105 DEWATER LANE
OLD TOWN FL 32680

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

Betty D. Smith (Betty D. Smith)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-14-2000
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 D
STREET ADDRESS BALLARD, ANN C
CITY-ST-ZIP P.O. BOX 1176 HIGHWAY 351 N
CROSS CITY FL 32628

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

TITLE ☐ Delete
NAME DVT
STREET ADDRESS SMITH, BETTY
CITY-ST-ZIP P O BOX 583 105 DEWATER LANE
OLD TOWN FL

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS HOCH, DAWN
CITY-ST-ZIP RED FOX ROAD
OLD TOWN FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS HURST, BETTY
CITY-ST-ZIP P.O. BOX 1300
OLD TOWN FL 32680

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

TITLE ☐ Delete
NAME T
STREET ADDRESS ALLEN, JOE H
CITY-ST-ZIP CTY COURTHOUSE
CROSS CITY FL 32628

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

TITLE ☐ Delete
NAME T
STREET ADDRESS DAUGHDAY, GRETIN
CITY-ST-ZIP RT. 2 BOX 789
OLD TOWN FL 32806

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

SIGNATURE:

BETTY D. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 -
1-14-2000 542-7676

CR2E037 (9/99)