

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25333

1. Entity Name

FRIENDS OF THE HIGHLANDS BRANCH LIBRARY, INC.

Principal Place of Business

1826 DUNN AVE  
JACKSONVILLE FL 32218

Mailing Address

1826 DUNN AVE  
JACKSONVILLE FL 32218

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

NOT APPLICABLE

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

BURCH, JEANETTE  
10433 VILLANOVA RD  
JACKSONVILLE FL 32218

Name *Iantha Boggan*

Street Address (P.O. Box Number is Not Acceptable)

*4241 Key Vega Ct*

City *JAX*

FL

Zip Code

*32218*

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

*Iantha O Boggan*

9-

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

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 BOGAN, IANTHA  
CITY-ST-ZIP 4241 KEY VEGA CT  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS HIGGINBOTHAM, DOROTHY D.  
CITY-ST-ZIP 12895 GERALD RD  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BURCH, JEANETTE  
CITY-ST-ZIP 10433 VILLANOVA RD  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ALEXANDER, EDNA  
CITY-ST-ZIP 805 BLUE GILL RD.  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HIGGINBOTHAM, DOROTHY  
CITY-ST-ZIP 12895 GERALD RD.  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALLACE, NORMA  
CITY-ST-ZIP 2306 VILLANOVA CIR  
JACKSONVILLE FL

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:

*Iantha O Boggan*

9-11-01

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90046 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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