2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35328

1. Entity Name

ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90009 006 ****61.25

Principal Place of Business	Mailing Address
401 E. UNIVERSITY AVENUE GAINESVILLE FL 32601-5433 US	401 E. UNIVERSITY AVENUE GAINESVILLE FL 32601-5453 US

DO NOT WRITE IN THIS SPACE

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 59-3014156 ☐ 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
WILLIAMS, ANN W. 401 EAST UNIVERSITY AVENUE ********** GAINESVILLE FL 32601	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 _____
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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREGLY, LYN PO BOX 147050 GAINESVILLE FL 32614-7050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Frank E.Davis 6410 NW 53rd Terr Gainesville, FL 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ACKERMAN, EVE 3530 NW 30 PLACE GAINESVILLE FL 32650	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leveda Brown 4001 NW 9th Court Gainesville, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARLETT, BEVERLY 1421 NW 47 TERRACE GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary Ann Summerlin 1605 NW 19th Circle Gainesville, FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RANDALL, CHRIS 1617 NW 19 CIRCKE GAINESVILLE FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Ann W. Williams Alachua County Library District 401 E. University Ave.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTWELL, LONNIE 1830 SW 44TH AVE GAINSVILLE FL 32608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gainesville, FL 32601	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, JUDITH W 5322 NW 92ND WAY GAINSVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Eve Ackerman SIGNATURE REQUIRED Eve Ackerman, Chairman 2/1/00 (352)334-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #