

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90130 037 ****61.25

DOCUMENT # N37306

1. Entity Name

FRIENDS OF THE LIBRARY-PONTE VEDRA BEACH, INC.

Principal Place of Business

101 LIBRARY BLVD
PONTE VEDRA BEACH FL 32082
US

Mailing Address

P.O. BOX 744
PONTE VEDRA BEACH FL 32004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

ST JOHNS

Zip

Country

ST JOHNS

4. FEI Number

59-2998576

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

Name

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

City

FL

Zip Code

BARTLETT & HEEKIN
50 HIGHWAY A1A
SUITE 103
PONTE VEDRA BEACH FL 32082

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	TD	<input checked="" type="checkbox"/> Delete
NAME	TATHAM, SHARRON	
STREET ADDRESS	1224 SALT CREEK ISLAND	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BORNS, SARAH	
STREET ADDRESS	1185 SALT MARSH CIRCLE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EONTHAM, RENNIE	
STREET ADDRESS	142 BERMUDA COURT	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OZERVIONKE, JEANNE	
STREET ADDRESS	3209 OLD BARB ROAD EAST	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GALLAHEN, MARY LOUISE	
STREET ADDRESS	1301 S FIRST ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PORTRIE, CATHEY	
STREET ADDRESS	8010 MERGANSER DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLEE BERTISCH	
STREET ADDRESS	104 CYPRESS LAGOON COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD B. JOHNSON	
STREET ADDRESS	128 LAKE JULIA DR NORTH	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY B. DAVIS	
STREET ADDRESS	120 WATER OAK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANCE BERRY	
STREET ADDRESS	113 LINKSIDE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD B JOHNSON, TREAS 1/25/01 904-285-5306

CR2E037 (10/00)

0006181