

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90005 039 ****61.25

0078384

DOCUMENT # N38144

1. Entity Name

E. C. ROWELL PUBLIC LIBRARY CORPORATION

Principal Place of Business

Mailing Address

**85 E. CENTRAL AVE.
 WEBSTER FL 33597**

**P.O. BOX 1044
 WEBSTER FL 33597**

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

65-0201767

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

**PARSONS, ALPHEUS C
 489 MARKET STREET
 WEBSTER FL 33597**

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 **SD** ☐ Delete
 NAME **FUSSELL, CAROL S.**
 STREET ADDRESS **3287 CR 774**
 CITY-ST-ZIP **WEBSTER FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Joann Ray**
 STREET ADDRESS **PO Box 1404 (182 SE 1st Ave.)**
 CITY-ST-ZIP **Webster, FL**

TITLE **TD** ☐ Delete
 NAME **HARRIS, DOROTHY N.**
 STREET ADDRESS **23 SE FIRST AVE**
 CITY-ST-ZIP **WEBSTER FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Florie Babcock-Latta**
 STREET ADDRESS **1399 CR 753**
 CITY-ST-ZIP **Webster, FL**

TITLE **D** ☐ Delete
 NAME **HARRIS, MICHAEL J**
 STREET ADDRESS **23 S.E. 1ST AVE.**
 CITY-ST-ZIP **WEBSTER FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Doug Latta**
 STREET ADDRESS **1399 CR 753**
 CITY-ST-ZIP **Webster, FL**

TITLE **PD** ☐ Delete
 NAME **FUSSELL, JAMES O**
 STREET ADDRESS **3287 CR 774**
 CITY-ST-ZIP **WEBSTER FL**

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

TITLE **VD** ☐ Delete
 NAME **RAY, DANIEL MONSON**
 STREET ADDRESS **P O BOX 1404 N/A (182 SE 1st Ave.)**
 CITY-ST-ZIP **WEBSTER FL**

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

TITLE **D** ☐ Delete
 NAME **GREER, MARY CATHERINE**
 STREET ADDRESS **PO BOX 1036 N/A (848 CR 457)**
 CITY-ST-ZIP **LAKE PANASOFFKEE 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dorothy N. Harris**
Treasurer

Date

Daytime Phone #

1-9-02 (352) 793-754

CR2E037 (9/01)