

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
Feb 09, 2001 8:00 am  
Secretary of State

01-23-2001 90134 033 \*\*\*\*70.00

DOCUMENT # N39972

1. Entity Name

THE CENTRAL FLORIDA LIBRARY COOPERATIVE, INC.

Principal Place of Business

431 E HORATIO AVE  
230  
MAITLAND FL 32751  
US

Mailing Address

431 E HORATIO AVE  
230  
MAITLAND FL 32751  
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

59-3126138

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

WESTALL, MARTA  
431 E HORATIO AVE  
SUITE 230  
MAITLAND FL 32751

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 D ☐ Delete  
NAME JASKOWSKI, SELMA  
STREET ADDRESS 4000 CENTRAL FLORIDA BOULEVARD  
CITY-ST-ZIP ORLANDO FL 32816-2666

T ☒ Change ☐ Addition

TITLE P ☐ Delete  
NAME NELSON, KAREN  
STREET ADDRESS 219 INDIAN RIVER DRIVE  
CITY-ST-ZIP COCOA FL 32922

☐ Change ☐ Addition

TITLE T ☒ Delete  
NAME COHEN, DONNA  
STREET ADDRESS 1000 HOLT AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789-4499

☐ Change ☒ Addition  
Schipper, Rachel  
150 W. University Blvd.  
Melbourne, FL 32901-6988

TITLE D ☐ Delete  
NAME FIELD, DOROTHY  
STREET ADDRESS 101 E. CENTRAL BLVD  
CITY-ST-ZIP ORLANDO FL 32801

☒ Change ☐ Addition

TITLE S ☐ Delete  
NAME ENGLISH, DENISE  
STREET ADDRESS 9501 US 441  
CITY-ST-ZIP LEESBURG FL 34788-8751

☐ Change ☐ Addition

TITLE D ☒ Delete  
NAME FLINT, NANCY  
STREET ADDRESS 204 N 5TH ST  
CITY-ST-ZIP LEESBURG FL

☐ Change ☒ Addition  
Barger, Sherie  
817 Bill Beck Blvd.  
Kissimmee, FL 34744

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

1/10/01

Date

Daytime Phone #

CR2E037 (10/00)