

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42364

1. Entity Name

FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.

Principal Place of Business

18420 WAYNE RD.
ODESSA FL 33556
US

Mailing Address

18420 WAYNE RD.
ODESSA FL 33556-4744
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHELLENBERG, JO
18420 WAYNE RD
ODESSA FL 33556

7. Name and Address of New Registered Agent

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

Jo Schellenberg JO SCHELLENBERG (TREASURER)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/2000

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

TITLE P ☒ Delete
NAME TURNER, SHERRY
STREET ADDRESS 12437 CARDIFF DR.
CITY-ST-ZIP TAMPA FL

TITLE S ☐ Delete
NAME BEVERLY, SPEER
STREET ADDRESS 15109 MEADOWLAKE STREET
CITY-ST-ZIP ODESSA FL

TITLE D ☐ Delete
NAME JOHNS, SHERL
STREET ADDRESS 7920 GUNN HWY
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☐ Delete
NAME O'BOURKE, KAY
STREET ADDRESS 17812 WILLOW LAKE DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE VP ☒ Delete
NAME ALLEN, JOHNNIE MA
STREET ADDRESS 8905 SWAINE RD.
CITY-ST-ZIP ODESSA FL

TITLE D ☐ Delete
NAME DAVIS, SHAWNA
STREET ADDRESS 17624 LAKE KEY DR.
CITY-ST-ZIP ODESSA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☐ Addition
NAME ALLEN, JOHNNIE MA
STREET ADDRESS 8905 SWAINE RD
CITY-ST-ZIP ODESSA, FL 33556

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

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

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

TITLE T ☐ Change ☐ Addition
NAME JO SCHELLENBERG
STREET ADDRESS 18420 WAYNE RD
CITY-ST-ZIP ODESSA, FL 33556

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:

Jo Schellenberg JO SCHELLENBERG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREAS.

1/24/2000

DATE

813-920-5000

DAYTIME PHONE #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90128 018 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3096374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required