

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2002 8:00 am  
Secretary of State

01-29-2002 90064 004 \*\*\*\*61.25

DOCUMENT # N42364

1. Entity Name

FRIENDS OF AUSTIN DAVIS PUBLIC LIBRARY, INC.

Principal Place of Business

Mailing Address

18420 WAYNE RD.  
ODESSA FL 33556  
US

18420 WAYNE RD.  
ODESSA FL 33556  
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

59-3096374

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

SHELLENBERG, JO  
18420 WAYNE RD  
ODESSA FL 33556

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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 P  
NAME ALLEN, JOHNNIE M ☒ Delete  
STREET ADDRESS 8905 SWAINE RD  
CITY-ST-ZIP ODESSA FL 33556

TITLE P  
NAME ROBERTSON, MADELLA ☒ Change ☐ Addition  
STREET ADDRESS 8903 DONNA LON DR.  
CITY-ST-ZIP ODESSA, FL 33556

TITLE S  
NAME GARCIA, IVONNE ☒ Delete  
STREET ADDRESS 14009 LEMON VALLEY PL  
CITY-ST-ZIP TAMPA FL 33625

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

TITLE VP  
NAME MCCLARNEY, CLAUDIA V ☒ Delete  
STREET ADDRESS 7920 GUNN HWY  
CITY-ST-ZIP ODESSA FL 33556

TITLE SEC.  
NAME MCCLARNEY, CLAUDIA ☒ Change ☐ Addition  
STREET ADDRESS 7920 GUNN HWY  
CITY-ST-ZIP ODESSA, FL 33556

TITLE D  
NAME CLASPER, DOROTHY ☒ Delete  
STREET ADDRESS 18808 CHEMILLE DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE D  
NAME TERRY, JO ☐ Change ☒ Addition  
STREET ADDRESS 14511 SUTTER PLACE  
CITY-ST-ZIP TAMPA, FL 33625

TITLE T  
NAME SHELLENBERG, JO ☐ Delete  
STREET ADDRESS 18420 WAYNE RD  
CITY-ST-ZIP ODESSA FL 33556

TITLE D  
NAME BRITTIAN, SARAH ☒ Change ☐ Addition  
STREET ADDRESS 17738 CURRIE FORD DR.  
CITY-ST-ZIP LUTZ, FL 33549

TITLE D  
NAME MADELLA, ROBERT SM ☒ Delete  
STREET ADDRESS 8903 DONNA LON DR.  
CITY-ST-ZIP ODESSA FL 33556

TITLE D  
NAME BARKSDALE, FRANCES ☐ Change ☐ Addition  
STREET ADDRESS 8948 DONNA LON DR.  
CITY-ST-ZIP ODESSA, FL 33556

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

813-220-5094

Daytime Phone #

CR2E037 (9/01)