

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90035 045 \*\*\*\*61.25

**DOCUMENT # N45647**

1. Entity Name

**FRIENDS OF WILLOWBRANCH LIBRARY, INC.**

Principal Place of Business

Mailing Address

2875 PARK STREET  
JACKSONVILLE FL 322052875 PARK STREET  
JACKSONVILLE FL 32205

19000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3103399

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRAZIER, W. ROBINSON**  
**1515 RIVERSIDE AVENUE**  
**SUITE A**  
**JACKSONVILLE FL 32204**

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete  
 NAME COLLINS, MARY PAT  
 STREET ADDRESS 1482 TALBOT AVE  
 CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ Change ☒ Addition  
 NAME Ann Holt  
 STREET ADDRESS 1804 Avondale Circle  
 CITY-ST-ZIP Jacksonville, FL 32205

TITLE P ☐ Delete  
 NAME LYONS, HELEN  
 STREET ADDRESS 2747 RIVERSIDE AVE  
 CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ Change ☒ Addition  
 NAME Elaine Starling  
 STREET ADDRESS 3761 Sommers Street  
 CITY-ST-ZIP Jacksonville, FL 32205

TITLE S ☐ Delete  
 NAME DRIGGERS, JEFF  
 STREET ADDRESS 2268 LAKESHORE BLVD  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition  
 NAME Jo Jones  
 STREET ADDRESS 1560 Lancaster Terrace, # 804  
 CITY-ST-ZIP Jacksonville, FL 32204

TITLE D ☐ Delete  
 NAME MCCRATHY, PAT  
 STREET ADDRESS 2769 POST ST.  
 CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ Change ☒ Addition  
 NAME Kevin Crowell  
 STREET ADDRESS 2816 Post Street  
 CITY-ST-ZIP Jacksonville, FL 32205

TITLE D ☒ Delete  
 NAME CARITHERS, HUGH  
 STREET ADDRESS 3010 ST. JOHN AVE  
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE T ☐ Delete  
 NAME YARBOROUGH, MARGARET  
 STREET ADDRESS 1814 POWELL PLACE  
 CITY-ST-ZIP JACKSONVILLE FL 32205

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:

*Margaret M. Yarbrough*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret M. Yarbrough

1-29-02 (904) 798-4900

Date

Daytime Phone #

CR2E037 (9/01)