

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90014 017 \*\*\*\*70.00

**DOCUMENT # N46385**

1. Entity Name

**FRIENDS OF LIBRARY ACCESS, INC.**

Principal Place of Business

**420 PLATT STREET  
 DAYTONA BEACH FL 32114-2804  
 US**

Mailing Address

**ATTN: B TEDFORD ACCOUNTING ← SAME  
 405 WHITE ST  
 DAYTONA BEACH FL 32114  
 US**

2. Principal Place of Business

3. Mailing Address

**829 GROVE AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DAYTONA BEACH FL**

Zip

Country

Zip

Country

**32117-3413**

4. FEI Number

**59-3119991**

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

**HALL, DOUGLAS E.  
 420 PLATT ST  
 DAYTONA BEACH FL 32114**

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 ☒ Delete  
 NAME **VP**  
 STREET ADDRESS **DAVIS, WAYNE**  
 CITY-ST-ZIP **1949 MARSEILLE DRI #2**  
**MIAMI BEACH FL 33141**

T ☐ Change ☒ Addition  
 NAME **SPROUSE, JENNIFER**  
 STREET ADDRESS **819 TORCHWOOD DRIVE**  
 CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COMELLA, JAMES O**  
 CITY-ST-ZIP **381 ALEATHA DR.**  
**DAYTONA BEACH FL 32114-7312**

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

TITLE ☐ Delete  
 NAME **PT**  
 STREET ADDRESS **HUDSON, RONEE**  
 CITY-ST-ZIP **1187 DUNN AVE**  
**DAYTONA BEACH FL 32114**

P ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LEITCH, CAROLYN**  
 CITY-ST-ZIP **716 KRISTINA COURT**  
**PORT ORANGE FL 32127**

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

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **HEWETT, IRENE**  
 CITY-ST-ZIP **1393 SUNLAND DR**  
**DAYTONA BEACH FL 32114**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BURGESS-HALL, NANCY D**  
 CITY-ST-ZIP **1495 EDGEWATER RD**  
**DAYTONA BEACH FL 32114-5859**

VP ☒ 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* President

2-12-02

386-253-8879

CR2E037 (9/01)