

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90098 017 \*\*\*\*61.25

**DOCUMENT # N93000000968**

1. Entity Name

**FRIENDS OF THE BRUTON MEMORIAL LIBRARY, INCORPOR**

Principal Place of Business

**302 MCLENDON STREET  
PLANT CITY FL 33566  
US**

Mailing Address

**302 MCLENDON STREET  
PLANT CITY FL 33566  
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

**59-3164392**

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

**HAYWOOD, ANNE  
302 MCLENDON STREET  
PLANT CITY FL 33566**

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 **DP** ☒ Delete  
NAME **WALKER, GALEN**  
STREET ADDRESS **2113 ELMWOOD CT**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **DP** ☒ Change ☐ Addition  
NAME **Marsha Passmore**  
STREET ADDRESS **803 W Reynolds St.**  
CITY-ST-ZIP **Plant City, FL 33566**

TITLE **DV** ☒ Delete  
NAME **WALKER, GAYLA**  
STREET ADDRESS **2113 ELMWOOD CT**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Cindy Gutowski**  
STREET ADDRESS **1908 Horseshoe Dr**  
CITY-ST-ZIP **Plant City FL 33567**

TITLE **DT** ☐ Delete  
NAME **MCFAUL, JOYCE**  
STREET ADDRESS **3402 N FORBES RD**  
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Les Brewer**  
STREET ADDRESS **803 W Morse St**  
CITY-ST-ZIP **Plant City FL 33566**

TITLE **DS** ☒ Delete  
NAME **WILLIAMS, CHRIS**  
STREET ADDRESS **1708 CHARLESTON WOODS**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Shannon Houston**  
STREET ADDRESS **12712 McIntosh Rd**  
CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE **DV** ☒ Delete  
NAME **KOLKER, SUSAN**  
STREET ADDRESS **2705 FOREST CLUB DR**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Saira Khan**  
STREET ADDRESS **803 W. Morse St.**  
CITY-ST-ZIP **Plant City FL 33566**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Sandra McFarland* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/01 813-757-6133**

Date

Daytime Phone #

CR2E037 (10/00)