

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003580

1. Entity Name

FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, IN

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90130 035 ****61.25

Principal Place of Business

Mailing Address

~~5264 S. RIVERVIEW CR.~~
~~HOMOSASSA FL 34448~~

~~5264 S. RIVERVIEW CR.~~
~~HOMOSASSA FL 34448-3630~~

5530 So. Mason Creek Road

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homosassa, Florida

City & State

Homosassa, Florida

Zip

34448

Country

USA

Zip

-

Country

-

4. FEI Number

59-3204939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PRICE, S.J.~~
~~5264 S RIVERVIEW CIR~~
~~HOMOSASSA FL 34448~~

7. Name and Address of New Registered Agent

Name

John J. Mahoney

Street Address (P.O. Box Number is Not Acceptable)

7 Sweet William Court

City

Homosassa

FL

Zip Code

34446

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

4/21/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ADELAIDE KELLER 2 CHINKPIN CIR HOMOSASSA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONICA MAHONEY 7 SWEET WILLIAM CT HOMOSASSA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS MARYANN MCNIFFE 184 PINE ST HOMOSASSA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KELLER, ROY 2 CHINKAPIN CIRCLE HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BYRNES, 20 EUGENIA COURT HOMOSASSA FL 24446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John J. Mahoney 7 Sweet William Court Homosassa, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Adelaide Keller

4/21/00

352-382-019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6219

CR2E037 (9/99)