

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003580

1. Entity Name

FRIENDS OF THE LIBRARY OF HOMOSASSA, FLORIDA, IN

Principal Place of Business

5530 S MASON CREEK RD
HOMOSASSA FL 34448

Mailing Address

5530 S MASON CREEK RD
HOMOSASSA FL 34448

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

59-3204939

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

MAHONEY, JOHN J
7 SWEET WILLIAM COUNT
HOMOSASSA FL 34448

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 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	D MAHONEY, JOHN J 7 SWEET WILLIAM COUNT HOMOSASSA FL 34446	<input type="checkbox"/> Delete

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
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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 Pres. 2/8/01 352-382-0219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90587 032 ****61.25

715969



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)