

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002382

1. Entity Name

FRIENDS OF THE BARTOW PUBLIC LIBRARY, INC. *f*

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90007 012 ****61.25

Principal Place of Business

2150 S BROADWAY AVE
 BARTOW FL 33830
 US

Mailing Address

2150 S BROADWAY AVE
 BARTOW FL 33830
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3270520

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUNLAP, GEORGE T III
 245 SOUTH CENTRAL AVE
 BARTOW FL 33830

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	EGLI MOLLY	
STREET ADDRESS	1050 BEAR CREEK DR	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECKERT, NANCY	
STREET ADDRESS	2055 S FLORAL AVE #150	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	XD	<input type="checkbox"/> Delete
NAME	HECKERT, FLOYD	
STREET ADDRESS	2055 S FLORAL AVE SUITE 150	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEWELL SANDY	
STREET ADDRESS	755 E LEMON ST	
CITY-ST-ZIP	BARTOW FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALLOCK, DAVID	
STREET ADDRESS	1355 S ORANGE AVE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	V	<input type="checkbox"/> Delete
NAME	WELD, ANN	
STREET ADDRESS	1710 S ORANGE AVE	
CITY-ST-ZIP	BARTOW FL 33830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eda Marchman	
STREET ADDRESS	1625 Wallace Ave	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David Hallock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00 (863)533-2642
 Date Daytime Phone #

CR2E037 (5/00)