2000 UNIFORM BUSINESS REPORT (UBR)

3/2:

FILED
May 12, 2000 8:00 am
Secretary of State
03-21-2000 90047 008 ****61.25

DOCUMENT # N94000003921

1. Entity Name

FRIENDS OF MURDOCK PUBLIC LIBRARY, INC.

Principal Place of Business	Mailing Address
18400 MURDOCK CIRCLE PORT CHARLOTTE FL 33948	18400 MURDOCK CIRCLE PORT CHARLOTTE FL 33948-1074

DO NOT WRITE IN THIS SPACE

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 65-0519000 ☐ 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
PATTESON, ANGELYN H 18400 MURDOCK CIRCLE PORT CHARLOTTE FL 33948	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 Angelyn H Patteson 3-10-00
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	P JONES, MELISSA 18501 MURDOCK CIR., 6TH FLOOR PORT CHARLOTTE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCOMBS, DIANNE 1215 CLEARVIEW DR. PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAEF, MARY ELLEN 2114 WONDERWIN ST PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Angelyn H. Patteson 1178 Ardella St. Port Charlotte FL 33952 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS, MARION 2275 AARON ST APT C101 PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition THOMS, MARIAN SPELLING OF NAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOROTHY B. O'CONNELL 23491 DAWN AVE. PORT CHARLOTTE FL 33980	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILMAN, PAULA 26366 NADIR RD, UNIT 204 PORT CHARLOTTE FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: X SIGNATURE REQUIRED Thomas 3-15-00 (941)743-1492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #