

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004122

1. Entity Name

FRIENDS OF THE FRANKLIN COUNTY PUBLIC LIBRARY, I

Principal Place of Business

29 ISLAND DR
POINT MALL UNIT #3
EASTPOINT FL 32328
US

Mailing Address

P.O. BOX 722
EASTPOINT FL 32328

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3142240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, CLIFF
145 N. BAYSHORE DRIVE
EASTPOINT FL 32328-0411

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 12, 2001, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BUTLER, CLIFF
145 BAYSHORE DR
EASTPOINTE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ROBERTS, BETTY
P.O BOX 1286 NA
LANARK CILLAGE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HINTON, CHRISTIN
HWY 98
CARRABELLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

CLIFF BUTLER

9/19/01

850-657-2126

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90162 038 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)